

Leave Performa

Name:-.....

Designation:-.....Name of College:-.....

Date of Leave:-.....to..... Number of leave days:-.....

Reason of Leave:-.....

Signature:-.....

Adjustment:- 1)..... 2).....

3).....4).....

5).....6).....

Approval by the head of Department:-.....

Approved/Not-Approved

Signature of Approval Authority