

ROYAL COLLEGE OF PHARMACY, RAIPUR

APPLICATION FOR GRANT OF CL/SPECIAL LEAVE/ONLY LEAVE

1. NAME OF THE EMPLOYEE:
2. DESIGNATION:
3. PURPOSE OF AVAILING LEAVE:
4. DATES OF LEAVES:
5. CONTACT DETAILS WITH PHONE NUMBER:
- IN CASE OF URGENCY:

6. STATEMENT OF PROCEEDING ARRANGEMENT OF WORK DURING LEAVE PERIOD

S N	Date	Day	Scheduled Classes			To be engaged by	Existing Schedule of Class of the person accepting the additional class on the said date			Signature of the person engaged
			Class	Period	Sub.		Class	Period	Sub.	

7. PARTICULARS OF OTHER ASSIGNMENTS:
- & ALTERNATE ARRANGEMENT:

NAME OF STAFF

SIGNATURE

FOR OFFICE USE

NO. OF CL AVAILED.....NO. OF SL AVAILED.....NO. OF CL AVAILED.....

NO. OF CL BALANCE..... OTHER LEAVE AVAILED.....

PERSON IN CHARGE

TO PUT UP TO PRINCIPAL

PRINCIPAL