COLLEGE OF SCIENCE AND TECHNOLOGY
RICHENDING - PHUENTSHOLING

LEAVE REQUEST AND APPROVAL FORM

Date:……

To – President, College of Science and Technology

Kindly grant me leave as follows:

Sl.No.	Type of Leave	Select to Avail (√)	Duration			Remarks
			Start Date	***End Date***	***Total***	
1	*Annual Leave*					
2	*Maternity Leave*					*Attach Evidence*
3	*Paternity Leave*					*Attach Evidence*
4	*Medical Leave*					*Attach Evidence*
5	**Extraordinary Leave*					
6	*Bereavement Leave*					

*Submit Reasons:……

Name: _____ ***Signature of Applicant***

*Until today, the …….(date) of……(month)……..(year), the applicant has ……days of Annual leave, and …….days of casual leave remaining.

Verified by: ***Signature of HR Officer/HRIRD*** ***Date……***

Approved/Not Approved by: ***President***
Signature of Supervisor

****The Application for EOL will be forwarded to CMC for review and Endorsement***