



NATIONAL LAW UNIVERSITY DELHI

Sector- 14, Dwarka, New Delhi – 110078

Leave Application Form –Faculty

1. Name of the Applicant : _____
2. Post held : _____
3. Department/ Branch/Section/Division : _____
4. Type of Leave applied for : _____
(Whether Casual Leave/ Half Day / Restricted Leave/ Earned Leave /Commutated Leave)
5. Period of Leave -Days : from _____ to _____
6. Sunday and holiday, if any proposed to be
Prefixed/Suffixed to Leave : _____
7. (a) Whether permission to leave station is
required : (Yes/No)
- (b) If Yes, Address during leave period : _____

1. Ground on which leave is applied for : _____
2. Details of last leave availed : _____
3. Arrange my classes with : _____

**Signature of Applicant with Date
Contact No.**

Remarks/ Recommendations of Branch In-charge/Head of Office/Section Head _____

Signature of Section /Department Head

(For Office Use Only)

Type of Leave Applied for _____
Leave Due _____
Leave Applied (No. of Days) _____
Balance of Leave _____

Orders of the authority competent to grant leave **Sanctioned/Not Sanctioned**

Signature of Competent Authority



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DUTY RESUMPTION REPORT

Name of the Applicant _____ Post held _____

I have resumed my duty today _____ FN/AN after availing _____ days

(Earned Leave/Commutated Leave/Half Day /Maternity Leave) from _____ to _____

(Prefixed _____/suffixed _____)

Signature of Applicant

Date _____

Recommendation:

Section Head

Accepted

Sanctioning Authority