

SAVITRIBAI PHULE PUNE UNIVERSITY
ADMINISTRATION TEACHING SECTION
(Teaching Unit)
APPLICATION FOR LEAVE
(Earned/Medical/Maternity Leave)

- 1. Name and Designation :
- 2. Name of the Department :
- 3. Kind of leave applied for :
- Period of Leave :
- 4. Reason of Leave :
- (In case of Medical/MATERNITY LEAVE, please enclose medical certificate)
- 5. Address in leave period :

Date :

Signature of Employee

Recommendation / Remark of the Head of the Department

Leave may be granted/may not be granted.

Date :

Signature of H.o.D./Director

SAVITRIBAI PHULE PUNE UNIVERSITY

Ref. No. : AT/

Date :

Sir/Madam,

With reference to your application dated _____, I am directed to inform you that, you have been granted _____ Leave for days from to

The leave balance at your credit as on is

Earned _____ days

Medical _____ days

Yours faithfully,

Administration Teaching Unit

Remarks of the Administration Teaching Unit

Leave balance at credit of as on is Earned days
Medical days

His / Her leave may be granted / not granted.

- (i) Earned Leave : days from to
- (ii) Medical Leave : days from to
- (iii) Leave without pay : days from to
- (iv) Maternity Leave : days from to

Section Officer

Asstt. Registrar

Dy. Registrar

Registrar