



IPS Group of Colleges (CTM/COP/COE)

Shivpuri Link Road, Gwalior- 474 001 (MP)

Leave Application Form

The Director

Sir,

I, Mr. / Mrs. / Ms. _____ would like to take _____ Day/s
CL / EL / CCL / S.B. / D.L. / L.W.P. / Maternity leave from ____/____/____ to ____/____/____
(both days inclusive) due to _____

I shall request you kindly to sanction my leave of absence during the days mentioned above.

Thanking you

Sincerely Yours

Signature of the applicant

Date: ____/____/____

Received: ____/____/____

Assignment during absence

Date	Period/ Lab		Name & Sign of Substitute	HoD's Signature
	From	To		

(If necessary, attach a separate sheet.)

For Office Use

Types of leave	Leave balance as on date	Leave taken now (If approved)	Leave balance
Casual			
Earned			
Maternity			
CCL/ Semester break			
Duty Leave/L.W.P./Other			

Recommended by the Principal:

Date: _____

Reviewed by CAO

Leave Approved/ Not Approved

Director

Date: _____

Name of the applicant _____

Leave Date: _____

Types of leave	Leave balance as on date	Leave taken now (If approved)	Leave balance
Casual			
Earned			
Maternity			
CCL/ Semester break			
Duty Leave/L.W.P./Other			

Leave Approved/ Not Approved

Director

Date: _____