



BENGAL SCHOOL OF TECHNOLOGY

Sugandha, Delhi Road, Near Chinsurah Railway Station,
Dist- Hooghly, 712102, West Bengal

APPLICATION FOR LEAVE (TEACHING STAFF MEMBERS)

Date: _____

Name _____ Designation _____

Nature of Leave _____ Purpose _____

Period of Leave applied: From _____ To _____ No of Days _____

Date on which to be reported for duty after availing the Leave _____

Particulars of Class work adjusted during the days of Leave:-

Date	Day	Class/Sem	Section/Group	Subject(s)	Time/Period	Class to be handled by	Sig.of work Adj. person

Adjustment of any other work: _____

Authorized Signatory

Signature of the Applicant

FOR OFFICE USE ONLY

1. Sunday, Holidays, Off days if any, proposed to be Prefixed/Suffixed to the Leave _____

2. Date(s) of last Leave(s) availed and date on which reported back _____

3. Balance Casual Leave(s) for the period: January to June/ July to December.

4. Statement of Month wise Leave availed:

Leave	Jan	Feb	Mar	Apr	May	Jun	July	Aug	Sept	Oct	Nov	Dec
CL												
ML												
Others												

Certified that nature of Leave _____ applied as above by _____

From _____ to _____ is admissible/ not admissible

Administrative office

Leave granted/ Not granted/ Granted without pay

Principal