



INDIAN MARITIME UNIVERSITY
KOLKATA CAMPUS



LEAVE APPLICATION

NAME: _____ DESIGNATION: _____

NATURE OF LEAVE: Earned Leave Half Pay Leave Sick Leave / Commuted Leave Restricted Holiday Casual Leave Compensatory Leave

DURATION OF LEAVE & NO. OF DAYS: _____

IN LIEU OF (*attach proof of authorisation for Compensatory Leave*): _____

PREFIX (HOLIDAYS): _____ SUFFIX (HOLIDAYS): _____

REASON FOR LEAVE: _____

OUTSTATION LEAVE: YES NO MOBILE NO: _____

COMMUNICATION ADDRESS: _____
(For duration of Leave)

DATE: _____ SIGNATURE OF APPLICANT

CONTROLLING AUTHORITY

RECOMMENDED NOT RECOMMENDED

REMARKS: _____

DATE: _____ SIGNATURE OF CONTROLLING AUTHORITY

ESTABLISHMENT SECTION

LEAVE AT CREDIT AS ON DATE _____

TYPE OF LEAVE	NO. OF DAYS
EARNED LEAVE	
HALF PAY LEAVE	
SICK LEAVE	
CASUAL LEAVE	
RESTRICTED HOLIDAY	

REMARKS: _____

SIGNATURE OF DEALING HAND

SANCTIONING AUTHORITY

SANCTIONED NOT SANCTIONED

REMARKS: _____

DATE: _____ SIGNATURE OF SANCTIONING AUTHORITY