

**PUNE DISTRICT EDUCATION ASSOCIATION'S  
SETH GOVIND RAGHUNATH SABLE COLLEGE OF PHARMACY, SASWAD**

**LEAVE APPLICATION FORM**

1. Name of the Employee : \_\_\_\_\_  
 2. Designation : \_\_\_\_\_ Department : \_\_\_\_\_  
 3. Nature of Leave : \_\_\_\_\_ Number of leave Days \_\_\_\_\_  
 (CL, C.O., D.L.)  
 4. Date of Leave : From \_\_\_\_\_ To \_\_\_\_\_  
 5. Reason for taking : \_\_\_\_\_  
 leave & Address while \_\_\_\_\_  
 on leave with contact no. \_\_\_\_\_

**Work Load adjustment**

Sr. No	Date	Name of Teacher	Details of workload allotted	Workload Adjusted	Signature
			Subject Theory/Practical Class Time	Subject Theory/Practical Class Time	
			Subject Theory/Practical Class Time	Subject Theory/Practical Class Time	
			Subject Theory/Practical Class Time	Subject Theory/Practical Class Time	

Date : \_\_\_\_\_

Applicant's Signature : \_\_\_\_\_

Recommended/Not Recommended

Name & Signature of Recommending (Sectional Head) : \_\_\_\_\_

Date : \_\_\_\_\_

FOR ADMIN USE ONLY

Due leave \_\_\_\_\_

Taken leave \_\_\_\_\_

Required leave \_\_\_\_\_

Balance leave \_\_\_\_\_

No. of days of leave sanctioned ( ) \_\_\_\_\_

Sign of Office Incharge \_\_\_\_\_

FOR APPROVING AUTHORITY ONLY

Approved ☐

Not Approved ☐

Date : \_\_\_\_\_

Signature of Approving Authority \_\_\_\_\_