



**MAHARISHI MARKANDESHWAR UNIVERSITY  
SADOPUR (AMBALA) – 134007, HARYANA (INDIA)**

**Leave Application Form**

Name: \_\_\_\_\_ Employee Code: (six digit) \_\_\_\_\_

Designation: \_\_\_\_\_ Department: \_\_\_\_\_

Type of Leave: **Casual/Short/ML/AL/DL/LWP:** \_\_\_\_\_

**From:** \_\_\_\_\_ **to** \_\_\_\_\_ **No. of Days:** \_\_\_\_\_

**CPL:** \_\_\_\_\_ **in lieu of:** \_\_\_\_\_

Address during Leave: \_\_\_\_\_

Purpose of Leave: \_\_\_\_\_

Duty assigned by or self-proposed: \_\_\_\_\_  
(Filled in case of Duty Leave)

**SIGNATURE OF APPLICANT WITH DATE**

Comments of Forwarding Officer: \_\_\_\_\_

**SIGNATURE OF FORWARDING OFFICER WITH DATE**

Leave Account

<b>Leave due</b>	
<b>Leave applied</b>	
<b>Balance after availing leave</b>	
<b>Signature of Dealing Assistant</b>	

**WORKLOAD ARRANGEMENT**

<b>Date</b>	<b>Workload</b>	<b>Time</b>	<b>Assigned to</b>	<b>Signature</b>