



INDIAN INSTITUTE OF PETROLEUM & ENERGY

CASUAL / EARNED LEAVE APPLICATION NON TEACHING STAFF

From Name : Designation : Department :	To The Director / Registrar IIPE-Visakhapatnam
--	---

THROUGH PROPER CHANNEL

Sir,

Kindly grant me CL/ EL/HPL/SCL/RH for _____ day (s) from _____
to _____ for the purpose of _____

During my absence, my duties will be carried out as per details given below:

Sl	Period		Nature of Duties	Name of the Staff who take-up the duties	Signature
	From	To			

Signature of the Staff

Date:

<u>Leave Records of the Staff (for office use only)</u>		
	<u>Casual Leave</u>	<u>Earned Leave</u>
Total Leave Eligible		
Leave availed		
Balance of Leave		
Leave applied at present		
Remarks		
Signature of Dealing Clerk _____	Sign of Off. Supdt. _____	

Sanctioned / Not Sanctioned

Sanctioning Authority