



F/SOP/REG 01/21/01

NED UNIVERSITY OF ENGINEERING & TECHNOLOGY, KARACHI

DEPARTMENT OF ELECTRONIC

APPLICATION FORM FOR CASUAL LEAVE

Name of the Applicant : _____
Designation : _____
Period with dates : _____
Reason(s) : _____
Leave availed previously : _____

Signature of the Applicant
Date: _____

For Office Use

Mr./Ms. _____ Designation: _____

_____ may be / may not be sanctioned leave.

Leave Sanctioned / Not Sanctioned

Recommending Officer
(If other than Chairman / HOD)

Chairman / Head of the Department

Note:

1. Casual leave required for reasons other than sickness shall not be availed without prior sanction.
2. Casual leave desired on Medical Grounds for more than Two days shall be sanctioned on the production of Medical Certificate.