



APPLICATION FOR SICK LEAVE

1	Name of the Employee			
2	Employee Code\ID No.			
3	Designation			
5	Period for Leave Applied	From:	To:	No. of days:
6	Reason			

Recommended

☐

Not recommended

☐

Date:

Signature of Employee

Signature of the Unit Head

Details of Alternate Arrangements made:

Date	Name of the Faculty	Signature

For Office Use Only

Leave Balance as on Date of Application:

Year: 2023

Total No. of SL Sanctioned	Total No. of SL Availed	Total No. of SL Applied	SL Balance

Date:

Director / Associate Director