



**P. S. R. COLLEGE OF EDUCATION**  
(ACCREDITED WITH 'B' BY NAAC)  
APPAYANAICKENPATTI, SEVALPATTI (POST), SIVAKASI -  
626140.  
Virudhunagar District. Tamilnadu.

**Leave Application Form- Teaching Staff**

Employee Name: \_\_\_\_\_ Department: \_\_\_\_\_

Employee No : \_\_\_\_\_ Date: \_\_\_\_\_

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

Type of leave PL/EL, Sp. CL, ODL, OL*	From (DD/ MM/ YY)	To (DD/ MM/ YY)	Total Number of days	Available Leave under applied type	Reason

\* PL/EL: Privileged/Earned Leave, Sp. CL: Special Casual Leave, ODL: On Duty Leave, OL: Other Leave

- Do you have any class on the Date of Leave: Yes/No
- If yes, please indicate the rescheduled class: Date: \_\_\_\_\_ Time: \_\_\_\_\_
- If you have any invigilation duty on the date of Leave: Yes/No
- If yes please indicate the name of substitute who will perform your duty and his signatures for acceptance
  
- Do You have any additional administrative responsibility: Yes/No
- If yes who will officiate in your absence and his signatures for acceptance

Signature: \_\_\_\_\_

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

Recommendation of HOD:	Approved/Not Approved/Please Discuss
Recommendation of Dean/ Registrar:	Director: Date :

Note:

1. Application for leave should be submitted 7 days prior to proceeding on privileged leave.
2. Please attach relevant supporting documents for reference, if required.
3. Approving Authority :

i.	Up to one week	HoD
ii.	More than one week and up to one month,	DoFA
iii.	More than one month	Director