



SAPTHAGIRI COLLEGE OF ENGINEERING

Affiliated to VTU, Belagavi, and Recognized by AICTE, New Delhi
(Accredited by NAAC with *A* Grade) (ISO 9001-2015 and 14001-2015 certified Institute)

14/5, Chikkasandra, Hesaraghatta, Main Road, Bengaluru-560057

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CASUAL LEAVE FOR STAFF

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Principal
Sapthagiri College of Engineering
14/5, Chikkasandra, Hesaraghatta Main Road
Bengaluru - 560 057

SAPTHAGIRI COLLEGE OF ENGINEERING

BANGALORE - 57

1329

LEAVE APPLICATION FORM

Technical & Other Non-Teaching Staff

Date :

Name :		Department :	
Designation :			
Type of Leave applied	CL / SL / PL / RH / ML / CPL / OOD		
No. of Days			
Dates	From	To	
Reason			
Signature of Staff applying leave :			
HOD's Remarks (if applicable)			
Recommended / Not Recommended		Signature	
No. of Leave in the Credit (To be entered by Est. section with initials)			
CL	OOD	PL	Others
Principal's Remarks			
Granted / Not Granted			
Signature of Principal			

SAPTHAGIRI COLLEGE OF ENGINEERING

BANGALORE - 57

001

LEAVE APPLICATION FORM

TEACHING STAFF

Date: 22/09/2020
Maths

Name:	Dr. Shripad Markande		Department:	Maths
Designation:	Prof. and HOD			
Type of Leave applied	CL / SL / PL / RH / ML / CPL / OOD			
No. of Days	22-09-2020 to 24-09-2020			
Dates	From	To		
	22-09-2020	24-09-2020		
	Afternoon	Full Day		
Reason	Personal			

Alternative Arrangements

Dates	Theory / Laboratory			Alternated Staff	
	Sem	Section	Time	Name	Signature
	III Sem	Civil	Online		
			days		
			will be engaged by me		

Signature of Staff applying leave:

HOD's Remarks (if applicable)

Shripad Markande

Recommended / Not Recommended

Signature

No. of leave in the Credit (To be entered by Est. section with initials)

CL

OOD

PL

Others

Principal's Remarks

Granted / Not Granted

Signature of Principal

SAPTHAGIRI COLLEGE OF ENGINEERING

BANGALORE - 57

011 LEAVE APPLICATION FORM

TEACHING STAFF

Date: 21/10/2020

Name: Sawthistle H.C				Department: Mechanical Eng	
Designation: Asst. Professor					
Type of Leave applied		CL / SL / PL / RH / ML / CPL / OOD			
No. of Days		one			
Dates	From			To	
	19/10/2020			-	
Reason: Personal					
Alternative Arrangements					
Dates 19/10/2020	Theory / Laboratory			Alternated Staff	
				Name	Signature
	Sem	Section	Time		
Signature of Staff applying leave: Csh					
HOD's Remarks (if applicable)					
Recommended / Not Recommended			Signature: [Signature]		
No. of leave in the Credit (To be entered by Est. section with initials)					
CL	OOD	PL	Others		
Principal's Remarks					
Granted / Not Granted					
Signature of Principal					