

#### SAPTHAGIRI COLLEGE OF ENGINEERING BENGALURU-560057

(Accredited by NAAC with "A" grade & NBA accredited) (An ISO 9001:2015 & ISO 14001:2015 Certified Institution) (Affiliated to VTU, Belagavi and approved by AICTE, New Delhi)

#### CASUAL LEAVE

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Rama & Z

Principal
Sapthagiri College of Engineer
14/5, Chikkasandra, Hesaraghatta & Paris Bengaluru - 560 057

## SAPTHAGIRI COLLEGE OF ENGINEERING

#### **BANGALORE - 57**

### 082 LEAVE APPLICATION FORM

**TEACHING STAFF** 

						Date:	
Name:			Department:				
Designation:							
Type of Leave	applied			CL/SL/P	L/RH/ML/	CPL/(	OOD
No. of Days							
			From			То	
Dates							
Reasor	1					-1 -12	
P 11		1	Alternative <i>P</i>	Arrangements			
	Th	neory / Labo	ratory		Alternated	Staff	
					Name		Signature
	Sem	Section	Time				Orginataro
Dates							
Signature of St	aff applyi	ng leave:					
		HOD	)'s Remarks	(if applicable	e)		
Recommended	I / Not Re	commended	d	Signature			
No. of leave in	the Credi	t (To be ente	ered by Est.	section with	initials)		
CL		00	D		PL		Others
			Principal	's Remarks			
			Granted	/ Not Granted	d		
Signature of Pr	incipal						

# SAPTHAGIRI COLLEGE OF ENGINEERING

BANGALORE - 57

LEAVE APPLICATION FORM 028

Name: Designation: CLTSL/PL/RH/ML/CPL/OOD  Type of Leave applied  No. of Days  From To  O5/03/2022  Reason  Alternative Arrangements  Theory / Laboratory  Department: Mathematical Department: Math
Designation: Type of Leave applied  No. of Days  From  To  05/03/2022  Reason  Alternative Arrangements
Designation:  Type of Leave applied  No. of Days  From  To  O5/03/2022  Reason  Alternative Arrangements
No. of Days  From  O5/03/2022  Reason  Alternative Arrangements
No. of Days  From  O5/03/2022  Reason  Alternative Arrangements
Dates  Person  Reason  Alternative Arrangements  Alternated Staff
Reason  Alternative Arrangements  Alternated Staff
Reason  Alternative Arrangements  Alternated Staff
Alternative Arrangements
Alternative Arrangements
Alternative Arrangements
Alternated Staff
Theory / Laboratory
Name Signature
Sem Section Time  THE Section Time  The Section Time
Dates T EEE 15 9:30 Kukmowngoold for
1 - 190
05 03 2
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)
1 con Pl Uthers
CL OOD 12
Principal's Remarks
Granted / Not Granted
Signature of Principal