



**Punyashlok Ahilyadevi Holkar Solapur University, Solapur**  
**Application for Casual Leave**  
**(For Teaching Staff)**

Date :

- 1) Name of the Teacher :
- 2) Designation :
- 3) Casual leave required with date : From dt. : To dt. :  
No. of days :
- 4) Purpose :
- 5) Bank A/C No. :
- 6) Whether the work has been adjusted during the period of absence of the Teacher : Signature of Teacher
- 7) Entered in CL account :
- 8) Remarks of the Head :

Date :

Director  
School of -----

**For Office use only –**

Current year's total Casual leave	Leave already availed	Balance to his credit	No. of days leave applied	Balance of casual leave after deduction	Entered in CL account
					Page No. : Sr. No. :

Remarks : \_\_\_\_\_

Jr. Clerk

Sr. Clerk

Section Officer

Assistant Registrar

Hon'ble Registrar

Leave Sanctioned / Not Sanctioned

**Hon'ble Vice-Chancellor**