



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 : _____ Leave Sanctioned/Not Sanctioned

Name & Sing. Of Jr. / Sr. Clerk
Concerned School

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. :

Remark : -----

Jr. Clerk Sr. Clerk Asst. Sec. Officer Sec. Officer Dy. Registrar Hon'ble Registrar