

MAR SLEEVA COLLEGE OF ARTS AND SCIENCE

MURICKASSERY

LEAVE APPLICATION FORM - STAFF

Name of Applicant								
Department								
Address								
Period of Leave	From:						To:	
Number of Days								
Nature of Leave	CL		SL		DL		ML/PL	
No. of leaves already taken								
Signature of the Applicant								
Contact Number								

Place:

Date:

Your Success our Tradition

HOD

Principal

Administrator