



**SHORT LEAVE FORM FOR (REGULAR FULL TIME TEACHING / NON TEACHING STAFF)**

Name of Applicant: \_\_\_\_\_

Designation: \_\_\_\_\_

Department: \_\_\_\_\_

Date and Time period (for which Short Leave is requested):

Date: \_\_\_\_\_ Time: from \_\_\_\_\_ to \_\_\_\_\_

**Reason for Short Leave:**

---

---

Signature of  
Employee

Approved / Not Approved  
(By VC/ Registrar /Director / HOD)

**FOR HR DEPARTMENT ONLY**

1. No of short leave(s) taken by the employee in current month: \_\_\_\_\_

2. No of leave(s) adjusted against the short leaves already taken: \_\_\_\_\_

3. Quota for short leave is exceeded for the current month(y/n)? \_\_\_\_\_

**Checked & Verified By:**

**Approved By**

**(HR Executive)**

**(Head – HR)**