



THE UNIVERSITY OF SINDH

JAMSHORO

APPLICATION FOR LEAVE THE STAFF / ADMINISTRATION

Total leave allowed by the Law: 25 days per year

Applicant's Name: _____ Desig: _____ Off. /Sec: _____

Nature of Leave:

a) CL: _____ EL: _____ From: _____ To: _____ Total: _____

b) Leave previously availed: _____ Remaining Balance: _____

Reason of Leave: _____

Name and signature of person who will cover me during my absence:

Name: _____ Signature: _____

Tel. _____ Cell: _____

Date: _____

Applicant's Sig: _____

Remarks by Sectional Head

a) His / Her duties will be carried out by: Name: _____ Sig: _____

b) Recommended / Not recommended: _____

Date: _____ Office/Section Incharge Sign: _____

Remarks of the Registrar / Vice-Chancellor

Approved / Not Approved: _____

Date: _____ Registrar / Vice-Chancellor Sign: _____
