



THE UNIVERSITY OF SINDH

JAMSHORO

APPLICATION FOR LEAVE THE TEACHING STAFF

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: _____

During my absence I will miss the following classes:	Name & signature of faculty covering my class during my absence:
Subject & Time of class:	1.
Subject & Time of class:	2.
Subject & Time of class:	3.

Date: _____ Applicant's Sig: _____

Remarks by Chairman/Chairperson/Director

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

b) Recommended / Not recommended: _____

Date: _____ Office/Section Incharge Sign: _____

Remarks by Dean

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: _____