## **ISLAMIC UNIVERSITY OF TECHNOLOGY(IUT)**

## **ORGANISATION OF ISLAMIC COOPERATION (OIC)**

## **LEAVE REQUEST FORM**

				Date:					
Name Of the Applicant		:							
Designaition		:							
Department/Office	e/Centre	:							
Purpose of Leave		:							
Number of Leaave		:	Casual	Annua	ıl S	Sick	Duty	Special	
Period of Leave		: From				to	)		
Number Of day (s) required									
Alternative arrange	ement made	:							
								Signat	ure of applicant
Recommended for			day (s) from					to	
Remarks , if any									
Signature of the H	ead								
Note : (i) please put									
(ii) In case of annual leave , application should be made 2 weeks before the commencement									
Of the leave sought									
(iii)The filled-in form should be forwarded to the establishment and cabinet office through									
the concerned Head									
(FOR OFFICAL USE ONLY)									
Availed	day(s) Leave	c	asual	annual	sick	1	Duty	special	
Immmediate past leave availed : From						to No of Da			No of Days
Pro Vice Chancellor					Chief of Establishment				
Approved/						511161	. J. 25tabil		
1-1	Not approved								

Vice-Chancellor