



डा० राम मनोहर लोहिया राष्ट्रीय विधि विश्वविद्यालय, लखनऊ  
Dr. Ram Manohar Lohiya National Law University, Lucknow

**Leave Application Form**

**(For Faculty Members/ Officers/ Staff Members)**

(Restricted Holiday/Casual Leave/Earn Leave/Half Pay Leave/Commutated Leave/Other Leaves (as mentioned in University Regulation))

1. Applicant's Name: .....

2. Designation: .....

3. Section / Deptt : .....

4. Nature of leave: RH  CL  EL  HpL  ComL  Other Leaves

Please mention the name of leave, in case of other leave: .....

5. Leave from .....to ..... for .....days

With permission to prefix ..... Suffix .....being

Holiday (s) / Saturday (s) / Sunday (s) (where necessary)

6. Purpose of Leave .....

7. Permission to leave headquarters from .....

Date .....

Signature of Applicant

**Remarks of the forwarding officer**

1. Total Restricted Leave (RH): 02 Aailed ..... Balance .....

2. Total Casual Leave: ..... Aailed ..... Balance .....

3. Total Earned Leave: ..... Aailed ..... Balance .....

4. \*Total Half Pay Leave: ..... Aailed ..... Balance .....

5. \* Total Commuted Leave: ..... Aailed ..... Balance .....

6. Other Leaves: ..... Aailed ..... Balance .....

Signature of the forwarding officer

**Remarks of the Sanctioning Authority**

Sanctioned / not sanctioned

Date:

Signature of the Sanctioning Authority

\* Note:- Marked leaves are sanctioned on medical ground only. Applicant is required to support the application with medical certificate.