

GURU GHASIDAS VISHWAVIDYALAYA, BILASPUR (C.G.)

(A Central University)

Application for **CASUAL / SPECIAL CASUAL / OPTIONAL LEAVES**

(For staff under Head of Department)

Date : _____

Name : _____

Designation and Department : _____

Leave applied : From _____ to _____ / on _____

Reason/purpose for leave : _____

Address in case going out of Station : _____

Alternate arrangements for classes : _____
& other Academic work _____

Supporting document : _____
(in case of Special Casual Leave)

Signature of Applicant

For Office use only

	Casual Leave	Special Casual Leave	Optional Leave
Total Leave	08 Days	10 Days	02 Days
Leave availed till date			
Leave Balance			

Sanctioned/Not Sanctioned

D.A.

Head of Department