

**INSTITUTE OF HOTEL MANAGEMENT CATERING TECHNOLOGY
& APPLIED NUTRITION, CHENNAI - 600 113**

NAME : _____
 DESIGNATION : _____
 DEPARTMENT : _____

Kind of Leave Applied:

1	CASUAL LEAVE	
2	EARNED LEAVE	
3	MEDICAL LEAVE	
4	RESTRICTED HOLIDAY	
5	COMPENSATORY OFF	
6	LOP/EOL	

Period of leave : On/ From _____ and / to _____

No. of Days

Reason(s) for leave : _____

Address during leave : _____

Whether outstation leave required : YES / NO

Date : _____

Signature _____

FOR DEPARTMENT USE

Can be spared : YES / NO

To be officiated by : _____

HEAD OF DEPARTMENT / ADMN. OFFICER

FOR OFFICE USE

Leave taken to date : _____

Leave at credit : _____

STAFF-IN-CHARGE/LEAVE

SANCTIONED / NOT SANCTIONED

OFFICE SUPDT. / ADMN. OFFICER / PRINCIPAL