

PUNJAB TIANJIN UNIVERSITY OF TECHNOLOGY, LAHORE

LEAVE APPLICATION FORM

NAME:			
DESIGNATION:		DEPARTMENT:	
CONTACT NUMBER:			
Leave Type <input type="radio"/> Casual <input type="radio"/> Medical <input type="radio"/> Maternity <input type="radio"/> Any Other	From (Date)	To (Date)	Number of Days

Reason of Leave:

CLASS MANAGEMENT

REPLACEMENT FACULTY

Department/Semester	Course Name	Date and Time	Replacement Faculty Details

MAKEUP CLASS

Department/Semester	Course Name	Date and Time	Makeup Class Details

I, _____ will be available on call and my leave may be cancelled by the competent authority as and when required by the University.

APPLICANT SIGNATURE

REPLACEMENT FACULTY SIGNATURE

APPROVED/NOT APPROVED

DEAN/HOD/COORDINATOR SIGNATURE