



# INSTITUTE OF AERONAUTICAL ENGINEERING

(Autonomous)

Dundigal - 500 043, Hyderabad

## PERMISSION FOR LATE ARRIVAL – EARLY DEPARTURE

Name of the Faculty / Staff : \_\_\_\_\_

Designation : \_\_\_\_\_

Employee ID : \_\_\_\_\_

Department : \_\_\_\_\_

Date: \_\_\_\_\_

Permission from (time) \_\_\_\_\_ AM / PM to \_\_\_\_\_ AM / PM

<b>Please circle whichever is necessary</b>									
Late Arrival	1	2	3	Early Departure	4	5	6	7	
Reason for request:									
Date:									
									<b>Signature of Faculty / Staff</b>
<b>Forwarding Remarks</b>									
(Recommended / Not-Recommended)									
									<b>Signature of HOD</b>
(Approved / Not-Approved)									
									<b>Signature of Principal</b>