

## **INSTITUTE OF AERONAUTICAL ENGINEERING**

(Autonomous)

Dundigal - 500 043, Hyderabad, Telangana

## **Leave Application Form – Teaching**

Date:

1	1 Employee ID					:				
2 Employee Name					:					
3	3 Designation					:				
4 Department						:				
5	Type of Leave						CL/ML/CCL			
6	V 11					:				
7	Period of Leave						From To		Го	
						:				
							FN / AN / Both FN & AN FN / AN / Both FN &		oth FN & AN	
8	Reason					:				
9	Leave Address				:					
10 Class Work Adjustment:										
Date Branch Semester Section Perio					od –	Adjusted with Employee			Signature	
							Employee ID	Employ	ee Name	
D .										
Date:										
Signature of the Applicant Forwarding Remarks										
Permitted / Not permitted										
Comments if any:										
Signature of HOD										
Appr	oved / Na	ot Approve	ed .							
Approved / Not Approved										
Comments if any:										