



# INSTITUTE OF AERONAUTICAL ENGINEERING

(Autonomous)

Dundigal, Hyderabad - 500 043

## Leave Application Form – Teaching

Date:

1	Employee ID	:						
2	Employee Name	:						
3	Designation	:						
4	Department	:						
5	Type of Leave	:	CL / ML / CCL					
6	No. of Day's Applied for	:						
7	Period of Leave	:	From		To			
			FN / AN / Both FN & AN		FN / AN / Both FN & AN			
8	Reason	:						
9	Leave Address	:						
<b>Class Work Adjustment:</b>								
	Date	Branch	Semester	Section	Period	Adjusted with Employee		Signature
						Employee ID	Employee Name	
Date:								<b>Signature of the Applicant</b>
<b>Forwarding Remarks</b>								
Permitted / Not permitted								
Comments if any:								<b>Signature of HOD</b>
Permitted / Not permitted								
Comments if any:								<b>Signature of PMCS</b>
Approved / Not Approved								
Comments if any:								<b>PRINCIPAL</b>