

### Leave Form for Project Staff

Name of the Applicant : \_\_\_\_\_

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

Project No. : \_\_\_\_\_

PI Name : \_\_\_\_\_

Duration : From \_\_\_\_\_ To \_\_\_\_\_

No. of days applied for : \_\_\_\_\_

Date of resumption on duty: \_\_\_\_\_

Reason for Leave : \_\_\_\_\_

Address/Telephone No. during leave:

Date:

Signature of Project Staff

Approved/Not Approved:

Signature of PI

*Submitted to:*

SRIC Office

Total Leaves	Leaves Already Availed	Balance Leave
20		