



JOINING AFTER LEAVE AVAILED

1. Employee Details

Name: _____
Designation: _____
Employee ID: _____
Department/Project: _____
Project Title: _____
PI Name: _____

2. Leave Details

Nature of Leave: Casual Leave
Leave Period: From _____ To _____
Last Working Day Before Leave: _____

3. Resumption Details

I hereby inform that I have resumed my duties with effect from:
Date of Resuming Duty: _____
Place of Joining: _____
Date: _____
Signature of Employee: _____

4. Certification by Principal Investigator (PI)

Certified that _____ has resumed her duties in the above-mentioned project with effect from _____.

Remarks (if any): Approved / Not Approved, joining after leave availed.

Name of PI: _____
Signature of PI: _____
Date: _____

For Office Use (DORA)

Received on: _____
Entered in Record on: _____
Processed by: _____
Signature: _____