

UNIVERSITY OF CHITTAGONG
Form of application for leave (other than study leave)
(No leave application except in this prescribed form be considered)

1. Name of Applicant

2. Designation

3. Nature of leave applied for
*(It should be stated whether earned leave
medical leave, duty leave or special leave is
applied for)*

4. The period for and the date from which the
leave is required. *(If any vacation, friday &
Saturday or Holidays are to be affixed the
date and period of them should be
mentioned separately with requests for
permission of the authorities).*

5. Whether permission to leave the station is
required if so, the grounds on which such
permission is sought for are to be stated.

6. The grounds on which the leave is applied
for
*(Medical certificates should be attached
where leave is applied for on medical
ground, In each of duty leave original records
in support of absence from Head Quarters
should be enclosed)*

7. I undertake to refund to the University any
difference of leave salary or pay that may
come to notice subsequently due to this
leave.

Remarks and / or recommendation of the Head
of the Department / Office

Signature of the applicant and date

Date

Signature of the Head of the Deptt. / Office

8. Report of the Accounts office :-

(i) Date of first Appointment

(ii) Temporary or Confirmed.

(iii) Statement of leave granted to the applicant previous of this application :-

Nature of leave	In current session Years-Months-Days	During the last session Year-Months-Days
Casual Leave		
Earned Leave on full pay		
Earned Leave on average pay		
Medical Leave on full pay		
Medical Leave on full average pay		
Medical Leave on half average pay		
Duty Leave		
Special Leave		

Years - Months - Days

(iv) Leave at credit at present :-

Earned Leave

Medical Leave

Casual Leave

(v) Notes on admissibility of the leave.

Date..... Assistant Accountant Comptroller of Accounts.

10. Orders of the Sanctioning Authority.

11. Accounts Registry :

Noted on Page

to the Registrar for record / office order.

Signature & Designation
of leave account Vol.....and forwarded

Date..... Assistant Accountant Comptroller of Accounts.

Tk.