



**SARDAR PATEL UNIVERSITY
VALLABH VIDYANAGAR**

DEPARTMENT OUTWARD No.: _____ DATE: ____/____/202__	OFFICE INWARD No.: _____ DATE: ____/____/202__	ESTABLISHMENT NOTE No. : _____ DATE: ____/____/202__
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(EFFECTIVE FROM 01-08-2022) APPLICATION FOR **DUTY LEAVE** **SPECIAL CASUAL LEAVE**

INSTRUCTIONS: The Application will not be scrutinized if it is not filled in all respects.

Employee No.: _____

DATE: ____/____/202__

01	Name of the Applicant (Dr./Prof./Mr./Ms./Mrs.)	:	
02	Designation	:	
03	Department	:	
04	Mode of Travel (Pls. Specify: by Bus, by Car, by Train, by Air)	:	
05	Date/s & Time of Starting Journey (Please ✓)	:	____/____/202__ Time: _____ a.m./p.m. A.O.H. <input type="checkbox"/> B.O.H. <input type="checkbox"/> _____ day/s
06	Date/s of which of actual work is required	:	____/____/202__ & / to ____/____/202__ _____ day/s
07	Date/s & Time of Completing return Journey (Please ✓)	:	____/____/202__ Time: _____ a.m./p.m. A.O.H. <input type="checkbox"/> B.O.H. <input type="checkbox"/> _____ day/s
08	Total leaves Day/s Required (5+6+7) { * }	:	_____ day/s
09	Reason/Nature of work (Attach document to substantiate the visit except if Top Confidential)	:	
10	Name of Institution/ College/ Department/ Organisation with full address	:	
11	Name of the University / Organisation with full address	:	
12	In case of Examination work the invitation letter No. & Date should be attached	:	No.: _____ DATE: ____/____/202__
13	No. of days of D.L. / Sp. C.L. already availed (must be filled by Applicant or H.O.D.)	:	D.L. _____ day/s Sp. C.L. _____ day/s
14	Alternative teaching arrangement made with (Furnish names of the Person agreed to engage classes with Signature)	:	Name: _____ Sign: _____ Name: _____ Sign: _____
15	Only for HOD: The charge arrangement made with (Name of the person with his / her Sign.)	:	Name: _____ Sign: _____

NOTE: { * } Total days Required for absence in Head Quarter including To & Fro Journey Period.

----- Recommendation and Signature of Head of Department	----- Signature of the Applicant
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(For office use only)

Submission:

Establishment Section

DATE: ____/____/202__

The above Duty leave Special Casual Leave may be granted on / from ____/____/202__ to/and ____/____/202__ for _____ day/s for the following reasons:

O.S.

Head (Est)

REGISTRAR

VICE - CHANCELLOR