



# T.K.M. COLLEGE OF ENGINEERING COMPENSATION LEAVE APPLICATION FORM

[Please ensure that all sections of the form are completed accurately to facilitate prompt processing of your leave application.]

1. Name of Applicant: \_\_\_\_\_
2. Designation: \_\_\_\_\_
3. Department: \_\_\_\_\_
4. PEN : \_\_\_\_\_
5. Date(s) of Leave Applied For: \_\_\_\_\_
6. Number of Days: \_\_\_\_\_
7. Whether prior permission has been sought for this leave? YES/NO
8. Details of the work based on which the compensation leave is claimed:
  - a. Specify the work carried out \_\_\_\_\_
  - b. Date and duration of work \_\_\_\_\_
  - c. Name of authority who has requested the service } \_\_\_\_\_
  - d. Page No and SlNo. of the entry in the compensation register } \_\_\_\_\_
9. Alternative Arrangements made for Classes/Labs during leave:
 

Course: \_\_\_\_\_ Date: \_\_/\_\_/\_\_ Handled by: \_\_\_\_\_

Course: \_\_\_\_\_ Date: \_\_/\_\_/\_\_ Handled by: \_\_\_\_\_

Course: \_\_\_\_\_ Date: \_\_/\_\_/\_\_ Handled by: \_\_\_\_\_

For Elective/Minor/Honors courses, provide the details of make-up classes taken:

Course: \_\_\_\_\_ Make-up Date: \_\_/\_\_/\_\_

Course: \_\_\_\_\_ Make-up Date: \_\_/\_\_/\_\_

[Additional sheets may be attached, if required]
10. Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## 11. Approvals

Authority	Recommendations/Remarks/Orders	Signature & Date
Head of the Department	<i>Recommended / Not Recommended</i>	
Establishment section		
Principal		