

T. K. M. COLLEGE OF ENGINEERING, KOLLAM-5.

APPLICATION FOR CASUAL LEAVE

Name :

Designation :

Department :

No. of days leave with dates applied for :

Balance of leave to credit :

Reason :

Whether alternative arrangement
of work has been made or not :

Signature :

Date :

Specific recommendation of the head of the department

Remarks of the establishment Section

Orders of Principal