To The Principal Sabang Sajanikanta Mahavidyalaya P.O.: Lutunia, Dist. Paschim Medinipur

## Application for sanction of CL (Casual Leave)

| Sir   |
|---|
| With due respect I  |
| an employee of this institution beg state that I shall not be able to   |
| attend the college on due to due to   |
|   |
| Considering the reason(s) and circumstances I would request you to  |
| sanction CL or any of the following permissible leave for the same and  |
| oblige.   |
| 1. Allotted number of credit(s) / classes/work load within the period of leave:                                 |
| 2. Due Credit(s) / Classes to be adjusted as an Extra Allotment/ Tutorial class/ Remedial class on the date(s): |
| Date: Yours faithfully,   |
| Signature   |
| Head of The Department: 1. RECOMMENDED / NOT RECOMMENDED or 2. FORWARDED FOR NEEDFUL                            |
| Office Use only:  |
| Leave Enjoyed Previously: out of Permissible limit  |
| Checked and verified by Approved / Not approved   |

Head Clerk Principal