

NATIONAL INSTITUTE OF FUNDAMENTAL STUDIES REQUEST FOR LEAVE

Name..... Designation.....

Division/Project.....

Type of Leave

No of Days requested

No of Days taken for the Year
(cumulative Total)

Duty	Sick	Casual	Annual	No Pay	Other

Leave Requested From To

Purpose

Acting Officer Substituting for Your Responsibilities

Name..... Signature.....

Signature Applicant Date

Recommended

Approved

.....
Head of the Division/Project Leader

.....
Director/Secretary to the Board

Date

Date

Noted in L.R. folio by