



URAN EDUCATION SOCIETY'S
COLLEGE OF MANAGEMENT & TECHNOLOGY, URAN.
 PALAK MAIDAN, BORI, URAN. TEL. 27222230 / 27224659
 [Affiliated to University of Mumbai] [ISO 9001:2015 Certified]

Date: - _____

To,
 /c. Principal,
 U.E.S. College of Management & Technology,
 Uran.

Sub: - Application for Leave

Respected Sir/Madam,

I, the undersigned Mr. / Mrs. _____
 working in _____ section hereby request you to kindly grant me C.L. / P.L. /
 S.L. for _____ day / days from _____ to _____ including both
 days.

Reason for Leave: - _____

I shall resume my duties on _____ dated _____

Thanking You.

Yours faithfully

Signature: _____

Designation: _____

Note: - Staff members should apply in advance and get the leave sanctioned, except in emergency. Application for leave must be submitted to office after proper sanction of leave. In case of emergency a phone call is necessary to the respective head.

Record to be filled by office

No. of Leave Balance			No. of leave applied for			No. of leave Balance		
C.L.	P.L.	S.L.	C.L.	P.L.	S.L.	C.L.	P.L.	S.L.

Without Pay Leave, if any: - _____

Record prepared by _____

Remark

/c Principal
 U.E.S. College of Management & Technology,
 Uran