



**UNIVERSITY OF BALTISTAN SKARDU**  
**(For Administrative Staff 17 and below)**

**The Registrar**  
**University of Baltistan, Skardu**

**LEAVE FORM**

Name: \_\_\_\_\_ Designation \_\_\_\_\_

Nature of Leave: \_\_\_\_\_

Leave required from \_\_\_\_\_ to \_\_\_\_\_

Number of days \_\_\_\_\_ Reason of leave \_\_\_\_\_

Address during leave period \_\_\_\_\_

Telephone number during leave \_\_\_\_\_

**Signature of Applicant** \_\_\_\_\_

**Recommended/not recommended by concerned section** \_\_\_\_\_

**Leave record of the individual**

<b>S/No</b>	<b>Type of Leave</b>	<b>Total Balance</b>	<b>Required</b>	<b>Balance</b>
1.	Casual Leave	_____	_____	_____
2.	Medical Leave	_____	_____	_____
3.	Earn Leave	_____	_____	_____
4.	Comp. Leave	_____	_____	_____

**INCHARGE LEAVE RECORD**

Leave with effect from \_\_\_\_\_ to \_\_\_\_\_ Number of days \_\_\_\_\_

**Sanctioning Authority**