



**UNIVERSITY OF BALTISTAN SKARDU  
(For Teaching Staff)**

**The Head of Department  
Department of Business Management & Economics  
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** \_\_\_\_\_

**Leave record of the individual**

<b><u>S/No</u></b>	<b><u>Type of Leave</u></b>	<b><u>Total Balance</u></b>	<b><u>Required</u></b>	<b><u>Balance</u></b>
1.	Casual Leave	_____	_____	_____
2.	Medical Leave	_____	_____	_____
3.	Earn Leave	_____	_____	_____
4.	Comp. Leave	_____	_____	_____
5.				

**INCHARGE LEAVE RECORD**

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

**Sanctioning Authority**