



K C MODEL SCHOOL & COLLEGE

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LEAVE APPLICATION

Name of the Officer/Teacher/Employee :

Designation : ID No :

Leave Type: Full Half Short

Department/Office:

Leave From : To : No. of Day(s)/Hour(s).....

Leave Category : (Tick)

Casual Sick Earned Maternity Any Other

Reason :

Stay During Leave : In town out of Town

Address during leave period :

Applicant's Signature : Date :

RECOMMENDATION

Head of the department/In Charge : Date :

FOR OFFICE USE ONLY

Received By : Date :

Leave Record	Casual	Sick	Earned	Maternity	Other
Previous balance					
On this form					
Current balance					

Principal's Approval : Date :

Remarks :

APPLICANT'S COPY

Name:

Designation : ID No :

Type of leave (Tick): Casual Sick Earned Maternity Other

Total days applied for Days approved

Leave approved Not approved

Remarks:

Authorised signature..... Date :

Terms and condition

- * In case of sick leave more than 3 days, a valid medical certificate must be attached.
- * In case of casual leave application 3 days prior notice to be given. More than 3 days casual leave will not be accepted.
- * Without prior approval casual leave should be treated as leave without pay. In case of any emergency employees must inform to Head of the Department/In charge.
- * Any kind of absent without prior permission of the authorised person will be treated as without pay.
- * Principal may change/withdraw/cancel any approved leave any time without any notice.