



K C MODEL SCHOOL & COLLEGE

275, Prembagan, Dakshinkhan, Dhaka-1230

Telephone: 02 8999685, Mobile: 01793-560466

E-mail: kcmodelcollege@gmail.com Website: www.kcmsc.edu.bd

LEAVE APPLICATION

Name ID No.

Designation Joining Date/...../.....

Leave Type Full Half Short

Department/Office/Wings/Section Admin Principal Accounts Senior Junior Pre-primary

Leave From/...../..... to/...../..... No. of Day(s)/Hour(s)

Leave Category Casual Sick Earned Maternity Any Other

Reason

Stay During Leave In town out of Town Signature

Address during leave period Date/...../.....

RECOMMENDATION

Vice Principal/Co-ordinator/Head of the department/In-charge

Remarks

Signature

Date/...../.....

OFFICE USE ONLY

Received By Date/...../.....

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

Principal's Approval Approved Not approved Without pay day

Principal's Signature

Remarks

Date/...../.....



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APPLICANT'S COPY

Name Designation

Type of leave Casual Sick Earned Maternity Other

Total days applied for Days approved Approved Not approved Without pay day

Remarks

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.

Principal's Signature

Date/...../.....