

JAYARANI ARTS & SCIENCE COLLEGE FOR WOMEN, SALEM-2**STAFF LEAVE FORM**

Name :

Designation :

Department :

Casual Leave	Medical Leave	Maternity Leave	Other Duty

Leave already availed: _____

Reason: _____

Leave Address:

Contact Phone/Mobile Number:

CLASS ADJUSTMENTDay Order:

I	II	III	IV	V	VI
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S. No.	Class	Hour	Substitute Staff	Signature
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

Date:

Place:

Staff Signature

HoD

Principal/Secretary

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