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

## JAYARANI ARTS & SCIENCE COLLEGE FOR WOMEN, SALEM-2 STAFF I FAVE FORM

	STAFF LEAVE FORM				STAFF LEAVE FORM				
Name :				Name	:				
Designation :	gnation :				Designation :				
Department :				Department :					
Casual Leave	Medical Leave	Maternity Leave	Other Duty	Casual	Leave	Medical Leave	Maternity Leave	Other Duty	
Leave already availed:				Leave already availed:					
Reason:				Reason:					
Leave Address: Contact Phone/Mobile Number:			er:	Leave Address: Contact Phone/Mobile Number:					
Day Order: CLASS ADJUSTMENT  I II III IV V VI				Day Order: I II III IV V VI					
S. No. Class	Hour	Substitute Staff	Signature	S. No.	Class	Hour	Substitute Staff	Signature	
1				1					
2				2					
3				3					
4				4					
5				5					
6				6					
7				7					
8				8					
9				9					
10				10					
Date: Place:			Date: Place:						
Staff Signature	Н	oD P	Principal/Secretary	Staff Sign	ature	Н	oD	Principal/Secretary	