



Leave / Extension in Leave Form

Applying for Leave Extension in Leave

Employee Information

Name:		Emp ID:	
Designation:		Campus:	
Department:		DOJ:	
Last Working Day:		Application date:	

Leave Details

Leave Duration	From:	To:
Reason:		
Leave Duration (Previous) In case of leave extension	From:	To:
Reason:		
Name: _____	Signature: _____	Date: _____

Campus Recommendations

	Signature	Date
Reporting Officer Name: _____ Remarks: _____		
Head of School (for Computing dept.) Name: _____ Remarks: _____		
Campus HR Name: _____ Remarks: _____		
Director Name: _____ Remarks: _____		

Head Office

HR-HQ Name: _____		
Remarks: _____		

Registrar

Recommended Not Recommended Signature: _____ Date: _____

Remarks: _____

Rector

Approved Not Approved Signature: _____ Date: _____

Remarks: _____

..... for official use

NUMUN Entry (HR-HQ) Name: _____ Signature: _____ Date: _____