

National University of Computer and Emerging Sciences



Leave / Extension in Leave Form

Applying for	Leave \square Extension	on in Leave \square			
Employee Inform	ation				
Name:		Emp ID			
Designation & Sub	ject:	Campus			
Department:		DOJ	ſ:		
Last Working Da	y:	Application date	: :		
Leave Details					
Leave Duration		From:	То:		
Reason:			i		
Leave Duration (Previous) In case of leave extension	From:	To:		
Reason:					
	Siar	nofura:	Data:		
Name: Signature:					
Campus Recomm	endations		Signature	Date	
Reporting Officer	Name: _				
Remarks:		·			
Head of School	Nama				
Head of School Name: Remarks:					
Remarks:					
Campus HR	Name:				
Pamarke:					
Kemarks.					
Director	Name:				
Pamarke:					
Remarks.					
Head Office					
HR-HQ	Name:				
Remarks:					
Registrar					
☐ Rec	☐ Recommended ☐ Not Recommended Signature:			Date:	
Remarks:					
Rector	☐ Approved ☐ Not Appro	Approved Not Approved Signature:		Date:	
Remarks:					
	for				
NUMUN Entry (HI	UMUN Entry (HR-HQ) Name: Signature:		Date:		