



UNIVERSITY OF BALTISTAN SKARDU
(For Academic HoDs)

The Director Academics
University of Baltistan, Skardu

LEAVE FORM

Name: _____ Designation _____

Nature of Leave: _____

Leave required from _____ to _____

Number of days _____ Reason of leave _____

Address during leave period _____

Telephone number during leave _____

Signature of Applicant _____

Recommended/not Recommended _____

Leave record of the individual

| S/No | Type of Leave | Total Balance | Required | Balance |
|-------------|----------------------|----------------------|-----------------|----------------|
| 1. | Casual Leave | _____ | _____ | _____ |
| 2. | Medical Leave | _____ | _____ | _____ |
| 3. | Earn Leave | _____ | _____ | _____ |
| 4. | Comp. Leave | _____ | _____ | _____ |

INCHARGE LEAVE RECORD

Leave with effect from _____ to _____ Number of days _____

Sanctioning Authority