

Station Leave Form (Early Leave/Late Entry)

Date :

Name :

Department :

Designation :

☐ I will **leave early** at as (Or)

☐ I will **come late** at as (Or)

☐ I need leave **for a few hours**, from to as

In my absence,

will take care of my work. I am available on my mobile number: during the Station Leave hours.

Applicant's Signature and Date

For Official Use Only

Remarks (if any)	
Signature of the Head of the Department/Section and Date	

Remarks (if any)	
Authorized Signature and Date (Registrar)	

NB: This form should be submitted at least 24 hours in advance for approval. Emergency leave will be considered on a case-to-case basis.