Shri. B. S. P. M. Adhyapak Mahavidyalaya

Shri Balaji Shikshan Prasarak Mandal,

Survey NO. 176. Ring Road. (Shepwadi), Ambajogai.

Tq. Ambajogai. Dist-Beed.

Leave Application Form – Teaching & Non Staff

Employee Name: ……

Designation: ……

Date: ……/……/2026

To,

The Principal,

Shri. B. S. P. M. Adhyapak Mahavidyalaya , Ambajogai.

Subject: Application for Casual / Medical / Duty Leave.

Respected Sir,

I……hereby request you to the casual / Medical / Duty / Other leave for .....days, dated from /on ……. /……. / 20…….. to……. /……./20……. On the basis of following Information.

Reason of Leave……..…

During leave period my work is allotted to,

Date	Workload Allotted Name	Signature

Yours Faithfully

For Office Use Only

Total No. of Leaves entitled	12
Total No. of Leaves Used	
Total No. of Balance Leaves	

The Casual / Medical / Duty / other Leave is sanctioned ☐ / not sanctioned. ☐

Sign of Clerk

Principal