



# Trust University, Barishal

Ruiya,, Nabogram Road, Barishal-8200

## Leave Application Form

Name of Applicant:

Designation:

Department:

Nature of leave:

Leave period: From ..... To ..... Total: .....Day/s

Ground for leave:

Address during leave:

Mobile No:

Who will take care of the duties during leave: (Name and Designation) :

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Signature of Applicant

Date:

### For office Record

Total leave in a year (CL) (days)	Total due in a year (CL) (days)	Leave taken to date (days)	Leave due Balance (days)

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Signature

Administrative Officer

### Leave Recommended

From (Date)	To (Date)	Total day/s	Signature (Head of the Department)

### Leave Granted

#### Note:

1. Casual leave (CL) may be enjoyed with prior permission.
2. Leave will be considered as per approved leave rules of the university.
3. Leave cannot be treated as a matter of right, it is a privilege.  
The authority may sanction/cancel/reject any leave application, if necessary.

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**Signature**  
VC/Registrar