FAZAIA COLLEGE OF NURSING AND ALLIED HEALTH SCIENCES
AIR UNIVERSITY

SHORT LEAVE FORM (FACULTY/STAFF)

(Filling of all column is mandatory)

Name : _____ Date : _____

Position: _____ Department _____

Time : From _____ To _____

Reason: _____

Date: Applicant Signature

Remarks by HoD:: HOD can approve the staff short leave and recommend the faculty short leave.

Approved / Recommended / Not Approved / Not Recommended

Date: Signature & Seal

Remarks by HR:

Entitled/ Not Entitled

Date: Signature & Seal

Remarks by the Principal FCN:

Approved / Not Approved

Date: Signature & Seal

Note: Please submit the approved application form to HR Department for record in Biometric as well.

FCN		HR-FMC	
Short Leaves Availed		Short Leaves Availed	
Short Leaves Requested		Short Leaves Requested	
Initiated by		Verified by	
Date & Signature		Date & Signature	

Note (If Any):-