

To,

Head of the Department,
School of Computer Science & IT,
DAVV, Indore (MP)-452001.

Date: ___/___/___

Subject: Application for Casual Leave (CL)/ Optional Leave (OL).

Respected Sir,

I stand in need of _____ days Casual Leave (CL)/ Optional Leave (OL) from/ on _____ to _____ . Kindly grant me leave for the same and oblige. During my leave period, I have handed over my due assignments to _____.

Sanctioned as per rules,

Signature of Applicant

Name: _____

Designation: _____

Signature

Head of Department

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