



Department of Pathology & Parasitology
Chittagong Veterinary and Animal Sciences University
Khulshi, Chittagong-4225.

Application for leave/permission to be absent in the workplace

To
Dean
Faculty of Veterinary Medicine
Chittagong Veterinary and Animal Sciences University.

Through: Head, Department of Pathology & Parasitology.

1. Name: -----

2. Designation: Prof./Assoc.Prof./Asst.Prof./Lecturer/Head/Officer(Lab.Tec.)

3. Leave/Absence required from ----/-----/------Until----/------/------

4. Total number of days: -----days

5. Date of application: -----

6. Type of leave (please encircle): Casual leave/Earned
leave/Study leave/Deputation/Maternity leave/Extra ordinary leave/Others

7. Purpose of leave: -----

8. Emergency contact addresses and Telephone no. -----

9. Replacement/Alternative arrangements -----

10. Replacement/Alternative arrangements in place? YES / NO

11. For international travel, relevant office order is presented or not? YES / NO

Signature and seal of the applicant