ABSENTEE STATEMENT OF THE DEPARTMENT/OFFICE …….... FOR THE MONTH OF ……..

Sl. No.	Name and Designation of Staff	Casual Leave (C.L)		Earned Leave (E.L)		Medical Leave (M.L)		Duty Leave (D.L)		Other Leave (Please mention nature of Leave)		Whether applied for/ Approved	Signature with date
		Period	*Day(s)*	*Period*	*Day(s)*	*Period*	*Day(s)*	*Period*	*Day(s)*	*Period*	*Day(s)*		
1.													
2.													
3.													
4.													
5.													
6.													

(Signature of the Departmental Head/Co-ordinator)

(Signature of the Registrar)