

T. K. M. COLLEGE OF ENGINEERING, KOLLAM - 691005

APPLICATION FOR COMPENSATION LEAVE

Name of the Applicant:

Designation:

Department / Section:

Date(s) of leave applied for:

Whether alternative arrangement of work has been made or not :

Details of the work based on which the compensation leave is claimed:

(a) Specify the work carried out:

(b) Date and duration of work:

(c) Name of the authority who requisitioned the service:

(d) Page No. and Sl. No. of the entry in the compensation register:

Signature of Applicant:

Date:

Specific comments and recommendation by Head of the Dept./Section:

Signature of Head of Dept./Section:

Principal: