



PSG College of Arts & Science
An Epitome for Quality Learning

APPLICATION FOR LEAVE

(Self – Financing Programmes Only)

SF

Date: _____

Name :
Designation :
Department :
Requested – Leave : Casual / OD / EL / ML
No. of Days :
Dates :
Purpose :

Signature of Staff

HOD

A.O / Prof. / Fac. Incharge

PRINCIPAL

SECRETARY