



SRMCEM/HR/Any Leave/F/02

APPLICATION FOR ANY LEAVE
(For more than 03 days only)

ERP ID: E000000_ _ _ _

Name: Designation:

Faculty/Department:

Required No. of days of Leave:; **From**/...../20..... **To**/...../20.....

Type of Leave:

Brief Reason for Leave:

.....

.....

Date of Application:/...../20.....

Signature of Applicant

Signature of HOD/AD

Associate Director (Admin & IQAC)

Director



Shri Ramswaroop Memorial College of Engineering & Management

Tewariganj, Faizabad Road, Lucknow – 226028

ERP ID: E000000_ _ _ _

SRMCEM/HR/DL/F/03

LEAVE APPLICATION **(Only for Duty Leave, except FDP)**

Name:

Date of Joining: / / 20.....

Duration: From To Total No. of Days: (Full/Half day)

Brief Reason for Duty Leave: (please attach Supporting Documents)

.....
.....
.....

Date of Application:/...../20.....

Signature of Applicant

Comments of HOD/Associate Director:

.....
.....

Signature with Date

***Note:** For those Faculty / Non-Faculty members who have direct reporting to the Director (Admin)/Group Director, no comments will be required. However, verbal approval of the Director (Admin)/Group Director would be obtained and the form will be submitted to HR Office directly.

Comments of HR Office:

Semester	Total No. of duty leave availed	Balance duty leave to be availed
Odd (Jul - Dec)		
Even (Jan - Jun)		

Comments of Director (Admin):

.....

Signature with Date

Group Director



SRMCEM/HR/DL_Cert/F/04

Duty Certificate

This is to certify that Dr./Ms./Mrs./Mr. _____ working as _____ (designation) at Shri Ramswaroop Memorial College of Engineering & Management, Tewariganj, Faizabad Road, Lucknow has attended _____ (program name) at _____ (place/location of the program) on _____ (dates) for _____ (duration / hours).

Signature of Concerned Authority

Date.....

Contact Number.....

Date of Submission:

ERP ID: E000000_ _ _ _

FOR OFFICE USE ONLY

Signature of Reporting Officer

Signature of HR Resp.



ERP ID: E000000_ _ _ _

SRMCEM/HR/Leave/F/05

LEAVE APPLICATION

Name Date of Joining / / 20.....

(A) SPECIAL LEAVE (Attach Supporting Documents)

(i) Self Marriage (ii) Marriage of Son/Daughter (iii) Demise of Parents/In laws/Spouse/Children

Duration of Leave: From To (Total No. of Days:)

Date of Event:

(B) PATERNITY LEAVE /MATERNITY LEAVE/MEDICAL LEAVE (Attach Supporting Documents)

Duration of Leave: From To (Total No. of Days:)

Details:

Date of Application:/...../20.....

Signature of Applicant

Comments of HOD/Associate Director:
.....

Signature with Date

**Director (Admin)
SRMCEM**

Group Director



SRMCEM/HR/Compensatory Leave/F/06

REQUEST FOR COMPENSATORY LEAVE

Date:

Following personnel have/ has worked on Holiday(s)/ Sunday(s) as per details mentioned below:

S. No.	Employee Name	ERP ID No.	Department	Date(s)	Purpose	No. of Days	HR Remarks
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							

It is requested that for the above personnel, leave for the number of days as shown above may be **credited** in their account.

Signature of HOD

Recommendation

HOD/ AD
(USE FOR HR CELL)

Remarks:

Approved / Not Approved
Director (Admin)

Group Director