



ROYAL INSTITUTE OF MANAGEMENT

APPLICATION FORM FOR LEAVE (For faculty and staff)

To be filled in by Applicant:

Name:

Designation:..... Center /Unit/Division:

Type of Leave: ☐ Annual Leave ☐ Earned Leave ☐ Casual Leave
☐ Maternity Leave ☐ Paternity Leave ☐ EOL
☐ Bereavement Leave ☐ Medical Leave ☐ Medical Escort Leave

(For other types of leave, this form will not be valid, you need to put up a written application)

Period of leave:/...../.....to...../...../..... Number of days.....

Purpose of leave applied for:

Details of work to be carried out during absence (Attach separate sheet if necessary):

Date:/...../..... Signature

Name of Officiating officer:.....

Date:/...../..... Signature

To be filled in by HRS Section:

Leave at Credit:

Casual Leave:days at credit

Annual Leave:.....days at credit

Earned Leave:.....days at credit

As of/...../.....

Remarks:..... Signature of HRO

Recommendations of Center /Unit/Division Head/Coordinator:

☐ Recommended ☐ Not Recommended

Signature of the Head/ Coordinator

Decision of the Approving Authority:

☐ Approved ☐ Not Approved

Approving Authority

Note: No incumbent shall proceed on leave until and unless the leave applied for has been approved.