



**CASUAL LEAVE APPLICATION FORM**  
**FACULTY & OFFICERS IESE (SCEE)**

|                                       |                       |                    |  |                      |       |
|---------------------------------------|-----------------------|--------------------|--|----------------------|-------|
| <b>Name</b>                           |                       | <b>Designation</b> |  | <b>Section/Deptt</b> |       |
| _____                                 |                       | _____              |  | _____                |       |
| Date                                  | From: _____ To: _____ |                    |  | No. of Days          | _____ |
| Contact During Leave:                 |                       |                    |  |                      |       |
|                                       |                       |                    |  |                      |       |
| _____<br>Signature                    |                       |                    |  |                      |       |
|                                       |                       |                    |  |                      |       |
| _____<br>Head of Deptt                |                       |                    |  |                      |       |
|                                       |                       |                    |  |                      |       |
| <b>Associate Dean<br/>IESE (SCEE)</b> |                       |                    |  |                      |       |
| Dated: _____                          |                       |                    |  |                      |       |