****

**CASUAL LEAVE FORM**

Half Leave/ Full Day Leave: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reason for Casual Leave\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name & Designation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Circle \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Source of contact for Causal leave:**

1. Himself (\*Please Mark (√)……… 2. By phone……… 3. In case of apply by other person ………

|  |  |
| --- | --- |
| Casual leave applied for current (No. of day/days\_\_\_\_\_\_\_) | **w. e. from to** |
| Casual leave availed pervious | **=……………………………………….** |
| Total Casual leave | **=……………………………………….** |
| Balance of Casual leave | **=……………………………………….** |

Signature of applicant (If himself):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

By phone/mobile contact person (Name & Mobile No.)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature on behalf of the applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Approved by**

1. Signature & seal of Principal/H.M/PSHT\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (for one day)
2. Signature & seal DEO/DDEO/SDEO/ASDEO Circle concerned\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(In case of more than one day casual in a month then forwarded and recommend in duplicate for approval).

1. (**In case PSHT, HM, Principal self on leave**) Certified that Mr. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Post \_\_\_\_\_\_\_\_\_\_ is fully authorize in the absence of (PSHT, HM or Principal). Furthermore he is directed to have a strong look on discipline and school timing.

***Seal & Signature***

*For More Information Contact District Education Officer Swat 0946-9240228, 9240209 – District Monitoring Officer Swat DMO: 0946 881705*