

**DAV INSTITUTE OF MANAGEMENT**

**NH-3, NIT FARIDABAD**

**SHORTLEAVE FORM**

1. Dated: \_\_\_\_\_
2. Name of the employee : \_\_\_\_\_ Designation: \_\_\_\_\_
3. Department : \_\_\_\_\_
4. Departure Time : \_\_\_\_\_
5. Arrival Time : \_\_\_\_\_
6. No. of times short leave taken in the month: \_\_\_\_\_
7. Recommendations of the Concerned Program Director/H.O.D:  
\_\_\_\_\_

**Director Administration/  
Administrative officer**

**Signature of the applicant**