ABSENTEE/ATTENDANCE STATEMENT

**Department:**

**Category of staff: Teaching/Non-teaching** (tick the appropriate one)

**Period:** 21\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2020 to 20 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_2020

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Sl. No | Name of the staff | Period of absence | Nature of leave | Leave application forwarded/enclosed | Verified that leave details are received(For estt Section Use) |
| From | To |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

Remarks (if any):

**Head/in charge of Department/Section**

**To**

**Establishment section**