



St. Thomas College of Arts and Science

Affiliated to the University of Madras | 2(f) Status Under UGC Act
Accredited by NAAC with 'A+' Grade | An ISO 21001 : 2018 Certified Institution
Koyambedu, Chennai - 600 107.



HALF-DAY / PERMISSION SLIP

1. Employee Details

Particulars	Details
Name	_____
Designation	_____
Department / Section	_____
Employee ID	_____

2. Permission Details

Particulars	Details
Date of Half-Day / Permission	_____
Half-Day / Permission Requested	<input type="checkbox"/> Forenoon (FN) <input type="checkbox"/> Afternoon (AN)
Time of Leaving / Reporting	_____
Reason for Permission	_____ _____

Signature of Employee: _____

HoD / Supervisor

Administrative Officer / Accounts Officer

Office Use Only

Permission Status: Approved Not Approved

Principal

Note: This form must be submitted to the principal's office after the approval from the respective heads. (Half-Day is applicable only for Non-Teaching Staff)