

LEAVE APPLICATION FORM

(For Casual Leave / Restricted Holiday)

1.	Name of the employee	
2.	Designation	
3.	Nature of leave applied for [CL / RH]	
4.	Period of leave	
5.	Total Number of days	
6.	Grounds on which leave has been applied for	
7.	Station Leave Permission required : If yes, indicate the address and contract number during station leave period	Yes / No

Date:

Signature of Applicant

FOR OFFICE USE ONLY

Leave availed as on _____ : _____ Days Balance leave : _____ Days	<u>Recommended /Not recommended</u>	<u>Leave Approved / Not Approved</u>
Dealing Hand	Officer In-Charge (Group Coordinator / HoO)	HoO / Director