

APPLICATION FOR LEAVE OR FOR EXTENSION OF LEAVE

1. EMPLOYEE CODE NO. :
2. NAME OF APPLICANT :
3. POST HELD :
4. SECTION/DIVISION :
5. INTERCOM/TELEPHONE NO. :
6. BASIC PAY :
7. HOUSE RENT AND OTHER COMPENSATORY ALLOWANCES DRAWN IN THE PRESENT POST:
8. NATURE OF LEAVE :
9. PERIOD OF LEAVE APPLIED  
FROM :  
TO :
10. SATURDAY, SUNDAY & HOLIDAY, IF ANY PROPOSED TO BE PREFIXED / SUFFIXED TO LEAVE :
11. GROUND ON WHICH LEAVE IS APPLIED FOR :
12. DATE OF RETURN FROM LAST LEAVE & THE NATURE AND PERIOD OF THAT LEAVE :
13. I PROPOSE/ DO NOT PROPOSE TO AVAIL L.T.C. FOR THE BLOCK YEAR FOR MYSELF :
14. ADDRESS DURING LEAVE PERIOD :

Recommendation of immediate Superior

Signature  
Name:  
Designation:

Signature  
Name:  
Designation:

**APPLICATION FOR CASUAL LEAVE/ RESTRICTED HOLIDAY**

EMPLOYEE CODE NO :  
NAME OF THE APPLICANT :  
POST HELD :  
DIVISION/SECTION/UNIT :  
NATURE OF LEAVE :  
NO. OF DAYS C.L/R.H :  
PERIOD :  
PURPOSE :  
WHETHER STATION LEAVE  
PERMISSION IS REQUIRED :  
ADDRESS DURING THE LEAVE  
PERIOD :

DATED:

(SIGNATURE)

Signature of the Controlling Officer

Remarks if any: