

LEAVE APPLICATION FORM  
(OTHER THAN CL)

1. Name of the Employee : \_\_\_\_\_
2. Designation : \_\_\_\_\_ 3. Department \_\_\_\_\_
4. Nature of Leave : \_\_\_\_\_ Number of Leave Days \_\_\_\_\_  
(EL/ HPL/Any other kind of Leave)
5. Date of Leave : From \_\_\_\_\_ To \_\_\_\_\_
6. Prefix/Suffix/Holidays if any : Prefix \_\_\_\_\_ Suffix \_\_\_\_\_
7. Proposes to avail of LTC : Yes / No
8. Reason for taking leave & Address while on leave with contact no. : \_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_ \_\_\_\_ \_\_\_\_

Applicant's Signature:

Recommended/Not Recommended

Reason, if not recommended \_\_\_\_\_

Name &amp; Signature of Recommending (Sectional Head) Authority : \_\_\_\_\_

Date : \_\_\_\_ \_\_\_\_ \_\_\_\_

**FOR APPROVING AUTHORITY ONLY**

Approved  Not Approved  Reason, if not approved \_\_\_\_\_

\_\_\_\_\_

Date: \_\_\_\_ \_\_\_\_ \_\_\_\_

Signature of approving authority \_\_\_\_\_

**FOR ADMIN USE ONLY**

No. of days of leave at credit \_\_\_\_\_

Entered in Service Book at page no \_\_\_\_\_

No. of days leave sanctioned ( ) \_\_\_\_\_

Mail sent on leave balance to Email id \_\_\_\_\_