

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 & 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 _____