



**LEAVE APPLICATION-OFFICERS /STAFF**

1.P.No \_\_\_\_\_ 2.Designation/ Rank \_\_\_\_\_

3.Name \_\_\_\_\_ 4. Department \_\_\_\_\_

5.. Type of leave \_\_\_\_\_ 6. Next P.No \_\_\_\_\_

7. Leave applied for \_\_\_\_\_ days From: \_\_\_\_\_ To: \_\_\_\_\_

8.Reason \_\_\_\_\_

9. Leave Address \_\_\_\_\_

\_\_\_\_\_ 10. Telephone Contact \_\_\_\_\_

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

Applicant's Signature

Note: Please send to Establishment department after filling the above. +

For office use only:

11. Leave Balance (CL) \_\_\_\_\_ days. EL: \_\_\_\_\_ days. SL: \_\_\_\_\_

12. Checked this entry on Computer & Forwarded to  
Approving Authority.

Signature: \_\_\_\_\_

\_\_\_\_\_  
Signature & Stamp of  
Recommending Authority 1

\_\_\_\_\_  
Signature & Stamp of Recommending  
Authority2 / Approving Authority \*

\_\_\_\_\_  
Signature of  
Approving Authority\*

For office Use Only

13. Entered into Computer on \_\_\_\_\_ Signature: \_\_\_\_\_

\* Only those officers who have been specifically authorized for sanctioning leave.