APPLICATION FOR LEAVE OR FOR EXTENSION OF LEAVE

1. EMPLOYEE CODE NO.

INTERCOM/TELEPHONE NO

2. NAME OF APPLICANT :	
3. POST HELD :	
4. SECTION/DIVISION :	
5. INTERCOM/TELEPHONE NO. :	
6. BASIC PAY :	
7. HOUSE RENT AND OTHER COMPENSA ALLOWANCES DRAWN IN THE PRESENT	
8. NATURE OF LEAVE :	
9. PERIOD OF LEAVE APPLIED FROM : TO :	
10. SATURDAY, SUNDAY & HOLIDAY, IF APROPOSED TO BE PREFIXED / SUFFIXED TO LEAVE	
11. GROUND ON WHICH LEAVE IS APPLIE	D FOR:
12. DATE OF RETURN FROM LAST LEAVE NATURE AND PERIOD OF THAT LEAVE :	& THE
13. I PROPOSE/ DO NOT PROPOSE TO AV L.T.C. FOR THE BLOCK YEAR FOR MYSEL	
14. ADDRESS DURING LEAVE PERIOD :	
REMARKS AND/OR RECOMMENDATION OF THE CONTROLLING OFFICER	SIGNATURE OF APPLICANT (With Date) NAME OF SECTION/DIVISION & ADDRESS
SIGNATURE OF THE CONTROLLING OFFICER	E-mail

Note: Applicant is requested to submit Joining Report through his/her Controlling Officer after Resuming duty on A4 size paper only