

LEAVE APPLICATION

Name _____ Designation _____
Division/Branch _____ Nature of Leave _____ No. of days _____
Period of leave _____ To _____
Reason _____
Address while on leave _____

Signature of applicant with date

Head of Division/Administrator

TO BE FILLED IN BY THE ESTABLISHMENT BRANCH

	<u>Leave Balance</u>	<u>casual leave</u>
i)	Previous balance	_____
ii)	Leave last availed	_____
iii)	No. of Leaves presently being availed	_____
iv)	balance after availing leave	_____

Assistant /Jr. Assistant

Recommended/ Not recommended

Director /Admin. Officer

Note: Prior approval of the competent authority should be obtained before leaving the office in extreme emergencies.