**APPLICATION FOR LEAVE**

|  |  |  |  |
| --- | --- | --- | --- |
| 1. | Name & Employee id of the applicant | : | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ & \_\_\_\_\_\_\_ |
| 2. | Post held | : | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 3. | Department/Section | : | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 4. | Pay | : | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 5. | Compensatory allowance drawn | :  | House Rent\_\_\_\_\_\_\_ Others \_\_\_\_\_\_ |
| 6. | Period of leave applied for | : | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 7. | Nature of leave | : | EL / Comm. L / HPL / LOP(Encircle the appropriate) |
| 8. | Sundays and Holidays, If any, proposed to be Prefixed/Suffixed to leave | : | Prefix: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Suffix: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 9. | Grounds on which leave applied on | : | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 10. | Date of return from last leave & the nature and period of that leave | : | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 11.  | Do you propose to avail of LTC during the ensuring leave? | : | No/Yes for the Block year \_\_\_\_\_\_\_ |
| 12. | Address during leave period | : | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 12(a) | Arrangement of Class Work/Duty (if any)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature of applicant (with date) |
| 13. | Remarks and/ or Recommendation of the Head of the Dept./ Section |
|  |  |

Signature (with date) Designation

**CERTIFICATE REGARDING ADMISSIBILITY OF LEAVE**

14. Certified that EL/Comm. L/HPL/LoP for\_\_\_\_\_\_\_\_\_\_ days/ months from \_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_is admissible. Balance leave after deduction is \_\_\_\_\_\_\_\_\_\_\_\_\_.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
| Section Clerk |  | J. S |  | AR/DR |

**Joining Report**

I hereby report for duty today i.e., on ………………………...………………… FN/AN after availing EL/COML/LOP from ………………. to ………………………… with permission to prefix the Holidays on ………………………… and Suffix the Holidays on………………………..

 Signature:

Date: Name & Designation:

 Department:

Forwarded \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Head of the Department \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Section/Dept.)

**For Admin use**