** APPLICATION FOR LEAVE/ EXTENSION OF LEAVE**

|  |  |  |
| --- | --- | --- |
| 1. | NAME  |  |
| 2. | DESIGNATION |  |
| 3. | DEPARTMENT |  |
| 4. | KIND OF LEAVE APPLIED(casual/ compensatory/ special casual/ academic/ maternity/ duty /earned/ medical\*) |  |
| 5. | PERIOD OF LEAVE | FROM: | TO: | NO. OF DAYS |
| 6. | PURPOSE OF LEAVE |  |
| 7. | IF APPLYING FOR COMPENSATORY, PLEASE STATE THE DATE AND WORK IN LIEU OF  |  |
| 8. | SUNDAY & HOLIDAY, IF ANY(proposed to be prefixed /suffixed to leave) |  |
| 9. | ADDRESS (in case of going out of station) |  |
| 10. | DATE OF APPLYING |  |
| 11. | SIGNATURE OF THE APPLICANT |  |
| RECOMMENDATION : |  |
| DEPARTMENT : |  |

**FOR OFFICE USE ONLY**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TYPE OF LEAVE** | **AVAILED** | **DUE** | **APPLIED FOR** | **BALANCE** |
| CASUAL |  |  |  |  |
| COMPENSATORY |  |  |  |  |
| SPECIAL CASUAL |  |  |  |  |
| ACADEMIC |  |  |  |  |
| MATERNITY/PATERNITY |  |  |  |  |
| DUTY LEAVE |  |  |  |  |
| EARNED LEAVE |  |  |  |  |
| MEDICAL LEAVE |  |  |  |  |
| ENTERED IN LEAVE REGISTER ON PAGE NUMBER |  |
| NO CL DUE, EOL (without pay) FOR |  |

 **SECTION OFFICER DEALING ASSISTANT**

**SANCTIONED**

**PRINCIPAL**

**(\*ATTACH MEDICAL & FITNESS CERTIFICATE IN CASE OF ILLNESS)**