

## APPLICATION FOR LEAVE

| Dear Sir/Madam,            |                  |           |             |                          |   |             |           | Date :     |              |          |     |          |  |
|----------------------------|------------------|-----------|-------------|--------------------------|---|-------------|-----------|------------|--------------|----------|-----|----------|--|
| I, the undersign           | ed               |           |             | Designation              |   |             |           |            |              |          |     |          |  |
| request fordays            |                  |           |             | (EL/CL/DL) leave from/on |   |             |           | to         |              |          |     | for      |  |
| the following rea          | isons <u>:</u>   |           |             |                          |   |             |           |            |              |          |     |          |  |
| (Attach proof in sup       | pport of I       | Duty Leav | ve / Specia | I Leave /                | Medical   | Leave / E   | xtraordin | ary Leav   | e, for verif | ication) |     | <u> </u> |  |
| My address durin           | ng the le        | eave per  | iod will be | :                        |   |             |           |            |              |          |     |          |  |
|                            |                  |           |             |                          |   |             |           |            |              |          |     |          |  |
| (Depar                     |                  |           |             |                          |   | (Signature) |           |            |              |          |     |          |  |
| (Department)               |                  |           |             | (Signature)              |   |             |           |            |              |          |     |          |  |
| Alternate arrange  Date:   | Department Head/ |           |             |                          | days leave may be sanctioned.  Authorised Signatory-CES |             |           |            |              |          |     |          |  |
|                            |                  |           |             |                          |   |             |           |            |              |          |     | _        |  |
|                            |                  |           |             |                          |   | CE USI      |           |            |              |          |     |          |  |
| rned Leaves/<br>sual Leave | Jan              | Feb       | March       | April                    | May   | June        | July      | Aug<br>ust | Sept         | Oct      | Nov | De       |  |
| ening Balance              |                  |           |             |                          |   |             |           |            |              |          |     |          |  |
| aves Availed               |                  |           |             |                          |   |             |           |            |              |          |     |          |  |
| osing Balance              |                  |           |             |                          |   |             |           |            |              |          |     |          |  |
| ENTERED ON:                |                  | 1.Muste   | er          | 2. Register              |   |             | er        |            |              |          |     |          |  |
| SANCTIONED_                |                  |           | DAY         | s                        | LEAVE   |             |           |            |              |          |     |          |  |
| DATE:                      |                  |           |             |                          |   |             |           |            |              |          |     |          |  |