

APPLICATION FOR EARNED LEAVE / COMMUTED LEAVE

- ä) To be filled by the applicant & to be submitted through proper channel.
b) To be forwarded by the respective office with recommendation at Sl. No. 9 along with signature and office seal.

1. Name Sri / Smt. _____
2. Employee No. _____ 3. Designation _____
4. Location No. _____
5. Nature of Leave _____
6. Period From _____ to _____ Day(s) _____
7. (a) Prefixing _____
(b) Affixing _____
8. Reason
(i) If this be revised application, whether leave was sanctioned on the earlier Application _____
9. Enclosure (if any) _____

Date _____

(Signature of the employee)

Remarks of controlling officer

Leave recommended / not
Recommended

Signature _____
Designation _____
Office _____
Date _____

For office use

Leave admissible: E.L. _____ day
H.P.L. _____ day

Signature of A O (E)

Leave sanctioned in following manner:

- i. EL from _____ to _____
ii. H P L from _____ to _____
iii. EOL from _____ to _____
iv. Commuted
Leave from _____ to _____