

LEAVE APPLICATION

1	Name of the Employee	
2	Employee ID	
3	Designation in Grama/Ward Sachivalayam	
4	Name of the Grama / Ward Sachivalayam & Address	
5	Leave Aplying Date	
6	Leave Required Vacation Dates	Dt. _____ TO Dt. _____ (_____ Days)
7	Name & Designation of the staff who will in charge	

	Type of Leave	CLs (15)	Spl.CLs (07)	W.CLs (05)	O.H ()
8	Before Using Leaves				
9	Remaining Balance Leaves				
10	Leave Purpose				

Signature of the Applicant

Station : _____

Date : _____

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Note : Total CASUAL CLs - 15, Spl. CLs - 07, WOMEN CLs - 05
FOR MEN - 15+07 = 22, FOR WOMEN - 15+07+05 = 27

(Every Calender Year
ie. January to December)