

	LEAVE APPI	LICATION	DATE:	1	/ 20
NAME OF THE STAFF	:				
EMPLOYEE CODE	:				
DESIGNATION	:				
DEPARTMENT	:				
LEAVE APPLIED	: FROM	то			
NO OF DAYS	:				
PURPOSE	:				
CONTACT ADDRESS	:				
WHILE ON LEAVE					
PHONE NO.	:				

DETAILS OF LEAVE ALREADY AVAILED

	CL	ML	COL	OTHER LEAVE
APPLICABILITY				
AVAILED				

SIGNATURE OF APPLICANT :-

Office Use				
RECOMMENDED	NOT RECOMMENDED			
		REPORTING AUTHORITY / SECTION HEAD		
SANCTIONED	NOT SANCTIONED			
		REGISTRAR		