

LEAVE APPLICATION

1	Name of the Employee	:				
2	Employee ID	:				
3	Designation in Grama Sachivalayam	:				
4	Name of the Grama Sachivalayam & Address	:				
5	Leave Aplying Date	:				
6	Leave Required Vacation Dates	:	Dt. _____ to Dt. _____ (____ Days)			
			CLs (15)	Spl.CLs (07)	W.CLs (05)	O.H ()
7	Before Using Leaves	:				
8	These holidays are all used Leaves	:				
9	Remaining Balance Leaves	:				
10	Leave Purpose	:				
11	Signature of the Employee (with Stamp)	:				

Station : _____

Date : _____

Signature of the Granting Authority
(with Stamp)

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)