LEAVE APPLICATION FORM

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Type of Leave** | **Date****(From)** | **Date****(To)** | **(Total Days)** | **Purpose of Leave** |
| Official Leave |  |  |  |  |
| Casual Leave |  |  |  |  |
| Earned Leave |  |  |  |  |
| Medical leave |  |  |  |  |
| Maternity leave |  |  |  |  |
| Paternity leave |  |  |  |  |
| Extra-ordinary leave |  |  |  |  |

No. Of Leave Days Availed as of Date---------------------

Name of Applicant:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Recommended: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Designation:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Not Recommended:---------------------

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sign of Supervisor: ---------------------

Remarks by Sanctioning Authority

Director General

**(Sanctioning Authority)**