

APPLICATION FOR CASUAL LEAVE/ RESTRICTED HOLIDAY

EMPLOYEE CODE NO :
NAME OF THE APPLICANT :
POST HELD :
DIVISION/SECTION/UNIT :
NATURE OF LEAVE :
NO. OF DAYS C.L/R.H :
PERIOD :
PURPOSE :
WHETHER STATION LEAVE
PERMISSION IS REQUIRED :
ADDRESS DURING THE LEAVE
PERIOD :

DATED:

(SIGNATURE)

Signature of the Controlling Officer

Remarks if any: