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: