

**APPLICATION FORM FOR CASUAL LEAVE / RESTRICTED HOLIDAY**

Year: \_\_\_\_\_

Name of the Applicant: \_\_\_\_\_ Emp. ID: \_\_\_\_\_

Designation: \_\_\_\_\_ Dept./Sec.: \_\_\_\_\_

**CASUAL LEAVE**

No. of Days	From	To	Purpose	Signature of applicant with date	Signature of Recommending Authority with date	Signature of Sanctioning Authority with date

**RESTRICTED HOLIDAY**

No. of Days	From	To	Purpose	Signature of applicant with date	Signature of Recommending Authority with date	Signature of Sanctioning Authority with date

Note: If the employee leaving Headquarters prior permission from HoD is to be taken in advance.