

**LEAVE APPLICATION**  
(Except Casual Leaves and RH)

Name of the Applicant:		Emp.ID:			
Designation:		Dept./Sec.:			
Nature of Leave :		No. of Days:			
Period of Leave:		Prefix:		Suffix :	
From	To	From	To	From	To
Purpose:		Address while on leave:			
Date:		Signature of the Employee.			
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.

**LEAVE SANCTION ORDER**

Order No.	Date:
EL/HPL/CCL/Commutated Leave/Maternity Leave of _____ days i.e. from _____ to _____ has been sanctioned in favor of Mr./Ms./Mrs._____.	
Leave balance after deducting the above leave is _____ no. of days.	
(Chief Administrative Officer)	

**RE – JOINING REPORT**

This is to inform you that I have re-joined duty on \_\_\_\_\_ (FN/AN) after availing \_\_\_\_\_  
(EL/CCL/Commutated leave/Maternity Leave) from \_\_\_\_\_ to \_\_\_\_\_.

Date:

Signature of the Employee: \_\_\_\_\_

\_\_\_\_\_  
Signature of the HOD / ACP / CAO / Registrar / Director

**Note:** This form should be sent to the Administration after signing by the HOD / ACP / CAO / Registrar / Director.