APPLICATION FOR LEAVE

Type of leave that can be claimed in this application:-

1. EARN LEAVE
2. MEDICAL LEAVE ……(M.C IS TO BE ATTACHED)
3. MATERNITY LEAVE……..(M.C IS TO BE ATTACHED)
4. HAJ/UMRA LEAVE ……(LATTER MAY BE ATTACHED FROM HAJ OFFICE)
5. STUDY LEAVE
6. EXTRA ORDINARY LEAVE
7. QUARANTINE LEAVE
8. SICK LEAVE
9. HOSPITAL LEAVE
10. LEAVE WITHOUT PAY
11. LONG LEAVE ETC OTS

To,

_____

_____

Subject: **REQUEST FOR THE GRANT OF LEAVE TO GOVERNMENT SERVANTS.**

Respected Sir,

With due respect I beg to submit this application for the Grant of

_____ days _____ Leave.

(2) The leave applied for is quite necessary and hence the application is being made.

(3) The leave may kindly be sanctioned from

_____ to _____

(4) Leave forms under the new scheme are completed and enclosed for further action in the office.

(5) May leave address has been given below for information please.

Dated _____

With best regards

Enclosures if any:-

Yours obediently,

_____

_____

Name_____

Father Name _____

Designation _____

Place _____

Post Office _____

Tehsil _____

District _____

APPLICATION FOR LEAVE

Note :- Item No. 1 to 9 must be filled in by all the applicants.
Item No.2 12 applies in the case of Government servants of grade 16 and above.

1. Name of applicant _____
2. Leave rules applicable _____
3. Post held_____
4. Department or Office_____
5. Pay _____
6. House Rent allowance, Conveyance Allowance or other Compensatory Allowance draw in the present post _____
7. (a) Nature of leave applied for _____
   (b) Period of leave in days _____
   (c) Date of commencement _____
8. Particulars of Rules / Rules under which leave is admissible _____
9. (a) Date of return from last leave_____
   (b) Nature of leave _____
   (c) Period of leave in days _____

Date _____ Signature of applicant _____

10. Remarks and recommendation of the controlling Officer_____
    _____
    _____

11. Certified that the leave applied for is admissible under Rule _____and Necessary that condition are fulfilled.

Date _____ Signature _____

Designation _____

For Officers Grade 16 and above _____

12. Report of Audit Officer _____
    _____
    _____

13. Order of the sanctioning authority certifying that on the expiry of leave the applicant is likely to return to the same post or another post carrying the compensatory allowance being drawn by him

Date _____ Signature _____

Designation _____