

APPLICATION FOR GRANT OF CASUAL LEAVE/RESTRICTED HOLIDAY

1. Name & designation of official/officer _____

2. Deptt./office/section/unit/KVK/ORS _____

3. Period of casual leave applied for From _____ to _____
with permission to prefix _____
and suffix _____

4. Reasons on which casual leave is Applied for _____

5. Permission for station leave _____

6. Address during leave _____

Tel.No. _____
Mob.No. _____

7. Certified that _____ days of casual leave/R.H.is due to the official/officer as per record. _____
Signature of employee with date

Signature of reporting authority

8. Remarks and for recommendations of office/section Incharge/HOD/C.O/V.C Sh./Smt. _____ will look after his/her work during leave period.

Signature

9. Orders of leave sanctioning authority _____

Signature