



DEPARTMENT NAME

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APPLICATION FOR CASUAL LEAVE/RESTRICTED HOLIDAY

EMPLOYEE CODE NO

NAME OF THE APPLICANT

POST HELD

DIVISIONS/SECTION/UNIT

NATURE OF LEAVE

NO. OF DAYS CL/RH

PERIOD

PURPOSE

WHETHER STATION LEAVE PERMISSION
IS REQUIRED

(Yes/No)

ADDRESS DURING THE LEAVE

Dated:

(SIGNATURE)

Signature of the Controlling Officer

NAME :
 DESIGNATION :
 Section/Division/Unit :
 Mobile/Telephone No :
 E-mail :

Remarks if any: