APPLICATION FORM FOR EARNED LEAVE OR EXTENSION OF LEAVE

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 1. | Name of applicant | : |  | | | |
| 2. | Post held | : |  | | | |
| 3. | Department, Office and Section | : |  | | | |
| 4. | Pay | : |  | | | |
| 5. | House Rent and other Compensatory allowances drawn in the present post | : | NA | | | |
| 6. | Nature and period of leave | : | **Earned Leave/Commuted Leave** | | | |
| 7. | Number of Days & date from which the leave required | Number of Days: | |  | |
| FROM |  | TO |  |
| 8. | Sunday, and holidays, if any proposed to be prefixed/suffixed to leave | : | PREFIX: | |  | |
| SUFFIX : | |  | |
| 9. | Grounds on which leave is applied for | : |  | | | |
| 10. | Date of return from last leave and the nature and period of that leave | : |  | | | |
| 11. | I propose/do not propose to avail myself of leave travel concession for the block years\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | : |  | | | |
| 12. | Address during the leave period | : | Signature of applicant  (With date) | | | |
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|  |
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1. Remarks and or recommendation of the Controlling Officer.

Signature/Designation

(With date)

# **CERTIFICATE REGARDING ADMISSIBILITY OF LEAVE**

1. Certified that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ for (Nature of Leave) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (period) from\_\_\_\_\_\_\_\_ to\_\_\_\_\_\_\_\_\_\_\_\_\_\_ is admissible under Leave Rule

Signature/Designation

(With date)

1. Orders of the competent authority to grant leave

Signature/Designation

(With date)

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If the applicant is drawing any compensatory allowance, it should also be indicated in the orders on the expiry of leave, the Government serving similar allowance.