

APPLICATION FOR CASUAL LEAVE/ COMPENSATORY LEAVE

NAME OF INSTITUTION:

- 1. Name of the applicant :
- 2. Designation :
- 3. No. of day's casual leave/compensatory :
- Leave required with date :
- 4. Reason for leave
- 5. No. of days already availed during the year :
- 6. Weekly off
- 7. If compensatory leave, holiday duty Performed on :
- 8. Remarks :

Place : Signature of Applicant

Date :

Signature of the Granting Authority



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