APPLICATION FOR LEAVE

| 1. | Name of Applicant | : | | | | |
|-------|---|-------------------------|--|--|--|--|
| 2. | Le ave Rules applicable | : | | | | |
| 3. | Post held | : | | | | |
| 4. | Department or Office | : | | | | |
| 5. | Pay | : | | | | |
| 6. | House allowance, conveyance allowance, or other compensatory allowance drawn in the present scale. | : | | | | |
| 7. | Nature, and period of leave applied for, and date from which required. | : | | | | |
| 8. | Grounds on which leave is applied for. | : | | | | |
| 9. | Date of return from last leave, and the nature and period of that leave. | : | | | | |
| 10. | I undertake to refund the difference between : average pay and half average pay for the period of leave on average pay which would not have been admissible had the proviso to rule 184(b)(ii) of W.B.F.R. Inot been applied in the event of my retirement from service at the end or during the currency of the leave. | | | | | |
| Date | e | Signature of Applicant. | | | | |
| 11. | Remarks and / or recommendation of the Con | ntrolling Officer:- | | | | |
| Date | e Sig na | ture | | | | |
| | De sig na tio | ı | | | | |
| 12. | Report of the Audit Officer:- | | | | | |
| | | | | | | |
| Da ta | e Sig na | ture | | | | |
| Dau | | | | | | |
| | De sig na tio | ı | | | | |

13. Statement of leave granted to applicant previous to this application:

| Name of leave | In current year | During past year | To ta l |
|--|-----------------|------------------|---------|
| Casual | | | |
| Pre vila g e | | | |
| On average pay (includes Famed le ave under revised Le ave Rules) | | | |
| On average payon M.C. | | | |
| On half average pay | | | |
| On half average pay on M.C. | | | |
| On half average pay on Private Affairs | | | |
| On quarter average pay | | | |
| On quarter average pay on M.C. | | | |
| Extra -o rd in a ry le a ve | | | |
| TO TAL | | | |

| 14. | Certified that leave on | | | | | on a | verage pa | ıy foı |
|-------|---------------------------|-------------|------------------------------|-----|----|------|-----------|--------|
| | | | Eamed leave | | | | | |
| | Months and | | Days fro m | | 20 | to | 20 | |
| | is a d m issib le | under | <u>a rtic le</u> rule | o f | | | | |
| Da te | | Sig na ture | | | | | | |
| 15. | Order of Sanctioning Auth | no rity :- | De sig na tio n | | | | | |
| Da t | e | | Sig na ture De sig na tio n | | | | | |

If the applicant is drawing any compensatory allowance the Sanctioning Authority should state whether on the expiry of leave he is likely to return to the same post or to another post carrying a similar allowance.