

APPLICATION FOR CASUAL LEAVE

1. Name of the officer/staff:
2. Designation:
3. Branch of posting:
4. Date and duration of leave:
5. Purpose for which leave is applied for:
6. Address during leave:
7. Contact No. Mobile- Landline (with STD
Code)
8. Any other information (If any)

(Signature of the applicant with date)

Remarks of the Reporting Officer: -----

Alternative Arrangement: -----

Name of the Reporting Officer & Signature with date: -----

CERTIFICATE OF AVAILABILITY OF LEAVE

(To be completed by the staff maintaining the CL Record Register)

1. Leave already availed :-----
2. Balance due:-----
3. Number of days for which leave is applied for:-----

Signature of the official maintaining CL Record Register

(To be presented with CL Record Registrar by the concerned staff)

Order of the Sanctioning Authority: Sanctioned/ Not Sanctioned
Remark (if any):

Signature

Of the leave Sanctioning Authority with date

DETAILS OF ENTRY IN CL RECORD REGISTER
(To be presented with CL Record Register)

It is hereby certified that necessary entries have been made in the CL record register.

SL. No.

Date

Signature

Of the staff maintaining the CL Record Register

Entries in CL Record Register are correct and verified Remarks (if any)

Signature of the Registrar General/ Registrar (HOO)

To,
SO (Admin)/Dealing Assistant maintaining the CL Record Register