

CASUAL LEAVE APPLICATION

1. Name of the Applicant :
2. Designation :
3. Place of working :
4. No. of days C.L. required :
5. Date on which C.L is required :
6. Reason :
7. Leave spending place :
8. Leave availed so far :

Place :

Signature of the Applicant

Date :

CASUAL LEAVE APPLICATION

1. Name of the Applicant :
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4. No. of days C.L. required :
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7. Leave spending place :
8. Leave availed so far :

Place :

Signature of the Applicant

Date :

CASUAL LEAVE / RH APPLICATION

1. Name of the Applicant :
2. Designation :
3. Place of working :
4. No of Days & Date of C.L./RH required :
5. Reason :
6. Leave availed so far :
7. Place of spending Leave :

Place :

Date :

Signature of the Applicant

CASUAL LEAVE / RH APPLICATION

1. Name of the Applicant :
2. Designation :
3. Place of working :
4. No of Days & Date of C.L./RH required :
5. Reason :
6. Leave availed so far :
7. Place of spending Leave :

Place :

Date :

Signature of the Applicant