APPLICATION FOR CASUAL LEAVE / R.H. / C.C.L.

Name of the Employee	:		
Designation	: Dept		
Leave	: From	To	No. of Days ()
Purpose	:		
(Forwarding Authority)			(Signature of the employee)
		or Office Use	
Leave to his Credit	:		
No. of days availed	:		
Balance leave available	:		
Dealing Assistant			Sanctioned / Not Sanctioned