

**APPLICATION FOR CASUAL LEAVE**

NAME OF THE APPLICANT :

EMPLOYEE CODE NO :

DESIGNATION :

DIVISION/SECTION/UNIT :

TYPE OF LEAVE :

NO.OF DAYS :

PERIOD : From \_\_\_\_\_ to \_\_\_\_\_

REASON FOR LEAVE :

ADDRESS DURING LEAVE :

Dated : .....

**Signature of the Employee**

**Signature of the Controlling Officer**

Remarks if any :