

**CANTONMENT BOARD JALANDHAR**

**LEAVE APPLICATION FORM**

Emp Code & Name of Employee	:				
Designation	:			DOB:	
Date of Appointment	:			Date of Retire:	
Branch / Section	:				
Type of Leave	:	CL		EL	
Leave Year	:			No of Day(s) :	
Leave Date(s)	:	From:		To:	
Excluding Date(s), only in CL	:				
Leave Prefix / Suffix	:	Px:		Sx:	
Leave Purpose, in Brief	:				
Is OUT STATION Leave ?	:	YES		NO	
If Yes, Name of City & State	:				
Contact No.	:				
Propose to avail LTC ?	:	YES		NO	
If Yes, LTC Block Year	:				

Date:

.....  
Signature of Applicant

LEAVE BALANCE (excluding applied)	CASUAL LEAVE			EL	Medical	..... Sign of dealing Staff
	Authorized	Availed	Balance			

Recommended / Not Recommended

.....  
Section Head

Sanctioned / Not Sanctioned

.....  
Chief Executive Officer

Leave record entered in Service Book vide Office Order No. ....Dated..... Sign.....