CASUAL / RESTRICTED / COMPENSATORY/SPECIAL / MEDICAL LEAVE PROFORMA

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| SN | SUBJECT | INFORMATION  |
| 1 | Name of the employee |  |
| 2 | Designation |  |
| 3 | Kind of leave required |  |
| 4 | Total leave entitled |  |
| 5 | Balance at credit |  |
| 6 | Period of leave |  |
| 7 | Station leave required  |  |
| 8 | Purpose for which leave required |  |
| 9 | Signature of the employee |  |
| 10 | Sanctioned / Not sanctioned |  |
| 11 | Signature of the sanctioning authority  |  |
| 12 | Office seal |  |