



**APPLICATION FOR GRANT OF CASUAL LEAVE/RESTRICTED HOLIDAY/COMMUTED LEAVE/
COMPENSATORY HOLIDAY TO PROJECT EMPLOYEES**

1. NAME OF APPLICANT : _____
2. POST HELD : _____
3. NAME OF THE PROJECT : _____

4. NATURE OF LEAVE : _____
(CL/RH/CH/COMMUTED LEAVE)
5. PERIOD OF LEAVE : _____
6. SATURDAY, SUNDAY AND HOLIDAYS, : _____
IF ANY PROPOSED TO BE PREFIXED/
SUFFIXED TO LEAVE
7. REASON FOR WHICH LEAVE IS APPLIED : _____
8. ADDRESS DURING LEAVE PERIOD : _____

REMARKS OF PROJECT IN-CHARGE : _____

SIGNATURE OF PROJECT IN-CHARGE

SIGNATURE OF APPLICANT

DATE: _____

DATE: _____