



**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/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

DATE: _____

SIGNATURE OF APPLICANT

DATE: _____