Application for Casual Leave (CL)/Restricted Holiday (RH)
Permission to leave HQ required (Yes/No)

1. Name of the Applicant : ……………………………………………………………………………

2. Designation and Department: …………………………………………………………………………

Nature/ type of leave	Date of leave		No. of days	Purpose of leave
	From	To		
Casual Leave				
Restricted Holiday				

3. Sunday/Holiday, if any proposed to be: Prefixed:……………………. Suffixed:……………………...

4. Address and contact number during leave period: ……………………………………………………………

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Name and Signature of Reliever:

Date:…………………………….. …………………………………………..
Signature of Applicant

5. Remarks of Controlling Officer: **Sanctioned / Not sanctioned**

Date:…………………………….. …………………..…………………………..
Signature of Controlling Officer

CL and RH Record

Dates of CL								Dates of RH	
CL-1	CL-2	CL-3	CL-4	CL-5	CL-6	CL-7	CL-8	RH-1	RH-2
Note- In case of ½ day CL, 2 dates in each column is to be indicated									