



NATIONAL INSTITUTE OF PUBLIC FINANCE AND POLICY
NEW DELHI

APPLICATION FOR LEAVE

To : The Director/Secretary/Sr. Admn. Officer

From : Designation.....

I shall be obliged if you kindly grant meday(s) leave on
account of, as follows:

(purpose may be indicated)

- 1. Casual Leave day(s); from.....to.....
- 2. Special Casual Leave day(s); from.....to.....
- 3. Earned Leave day(s); from.....to.....
- 4. Half Pay Leave day(s); from.....to.....
- 5. Commuted Leave day(s); from.....to.....
- 6. Leave not due day(s); from.....to.....
- 7. Extra-ordinary Leave day(s); from.....to.....
- 8. RH (Restricted Holiday) day(s); from.....to.....
- 9. Prefix..... day(s); from.....to.....
- 10. Suffix..... day(s); from.....to.....

Leave recommended
Sign. of HOD/Supervisor

Leave address with contact no.

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(Signature of Applicant with date)

For use in Establishment Section

Certified that the employee has the following number of leaves at credit:

Earned Leave due day(s)

Half Pay Leave dueday(s)

Casual Leave due day(s)

Signature of the Assistant/ Clerk

APPROVED BY

Leave sanctioned forday(s)

Sr.Admin Officer/Secretary/Director

Entry made in Service Book/CL Register: Assistant/Clerk