

## **APPLICATION FOR CASUAL LEAVE**

Name :

Designation :

Add. Charge holding :

Institution :

No. of CL Availed :

No of CL required :

Date of Leave :

Reason for Leave :

Signature of the employee :

Date:

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### **Certificate**

This is to certify that Mr. M.P. Mohammed, PST, has accumulated a total \_\_\_\_\_ ( ) days of Casual Leave balance in his Casual Leave account.

Recommendations of the Controlling officer/Sanctioning authority:

\_\_\_\_\_

**Headmaster**

Govt. Junior Basic School Chetlat  
Chetlat Island

Order of the sanctioning authority

\_\_\_\_\_

**Principal**

Dr. APJ. Abdul Kalam Memorial Govt. Sr. Sec. School  
Chetlat