

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:

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