

TAMIL NADU ELECTRICITY BOARD

Leave application of Class I and II Officers (on by the applicant)

1. Name of Officer	:			
2. Employee No.	:			
3. Designation	:			
4. Office	:			
5. Nature of leave required (Tick appropriate box)	:	<input checked="" type="checkbox"/> Earned Leave		
		<input type="checkbox"/> Surrender Leave		
		<input type="checkbox"/> Un-Earned Leave on Medical Certificate		
		<input type="checkbox"/> Un-Earned Leave on Private Affairs		
		<input type="checkbox"/> Extraordinary Leave		
		<input type="checkbox"/> Special disability Leave		
		<input type="checkbox"/> Study Leave		
		<input type="checkbox"/> Maternity Leave		
6. Period of leave required	:	Year From	Months	Days To
7. Reasons for Leave	:			
8. Whether Medical Certificate is enclosed (Tick appropriate box)	:	Yes	No	
9. I Certify that I will continue to incur the expenditure, for which C.C.A. & H.R.A. are granted During the above period also.	:			
10. Other Certificates (if any)	:			
11. Leave address to which communications are to be sent	:			
12. Designation and Office of immediate authority	:			
13. Designation and Office of sanctioning Authority	:			

SIGNATURE OF APPLICANT
DATE:

FOR USE IN OFFICE

- I. Recommendation of immediate Authority :
i) Whether substitute is required :
ii) Whether additional charge arrangement is recommended :

II. If additional charge arrangement is recommended
i) Name of Officer to held additional charge :
ii) Employee Number :
iii) Post held on Regular charge :
iv) Job No. :

III. Recommendation of the authority Maintaining SR of applicant
i) Leave at credit before sanction : Year Months Days
ii) Period of Leave applied for : Year Months Days
iii) Balance of leave at credit if leave applied is to be sanctioned.