

APPLICATION FOR SURRENDER OF EARNED LEAVE

NAME & POST : _____

SCHOOL NAME : _____

DATE OF INCREMENT : _____

PERIOD OF SURRENDER
OF EARNED LEAVE : FROM DT ----- TO DT -----

NO. OF DAYS OF E.L TO BE
SURRENDERED : 15/30 DAYS

BASIC PAY & SCALE OF PAY : _____

NO. OF DAYS OF EARNED LEAVE
SURRENDERED DURING LAST
FINANCIAL YEAR & MONTH : _____

REMARKS : _____

SIGNATURE OF THE H.M

SIGNATURE OF THE TEACHER