APPLICATION FOR CASUAL LEAVE

Name of Office :		
Name of Applicant :		
Designation :		
No. of Leave Required :		
Date(s) of Leave :		
Reason for Leave :		
No.Casual Leave already availed :		
	Signature of applicant	
Remarks of the Head of	FOR OFFICE USE Office	Signature of the Head of Office
	ON FOR CASUAL LEA	VE
Name of Office :		
Name of Office : Name of Applicant :	ON FOR CASUAL LEA	
Name of Office : Name of Applicant : Designation :		
Name of Office : Name of Applicant : Designation : No. of Leave Required :		
Name of Office : Name of Applicant : Designation : No. of Leave Required : Date(s) of Leave :		
Name of Office : Name of Applicant : Designation : No. of Leave Required : Date(s) of Leave : Reason for Leave :		
Name of Office : Name of Applicant : Designation : No. of Leave Required : Date(s) of Leave :		
Name of Office : Name of Applicant : Designation : No. of Leave Required : Date(s) of Leave : Reason for Leave :		
Name of Office : Name of Applicant : Designation : No. of Leave Required : Date(s) of Leave : Reason for Leave : No. Casual Leave already availed :	Signature of applicant OR OFFICE USE	