



APPLICATION FOR : EARNED LEAVE (EL) / HALF PAY LEAVE (HPL)

Part – I : DETAILS OF EMPLOYEE

| Sl. No | Description | Details |
|--------|--------------------------------|--|
| 1 | Employee ID No (As applicable) | |
| 2 | Name | |
| 3 | Programme / Branch / Office | |
| 4 | Department | |
| 5 | Leave Address | |
| 6 | Purpose | |
| 7 | Contact Nos | |
| 8 | Name of Reliever | |
| 9 | Duration of Absence | Leave duty station on _____ at _____ (date) (time) Arriving duty station on _____ at _____ |

Part-II : DETAILS OF LEAVE

| Already Availed | Present requirement | | | |
|-----------------|---------------------|------|----|------------------------------|
| | No of days | From | To | Prefix / Suffix if any |
| | | | | Prefix _____ Suffix _____ |

Date : _____ (Signature of Applicant)

Part-III : RECOMMENDING OFFICERS

| Reporting Officer / HOD | CAO | Registrar |
|-------------------------|-------------|-------------|
| | | |
| Signature : | Signature : | Signature : |
| Date : | Date : | Date : |

Part – IV : SANCTIONING AUTHORITY

Date : _____ Signature of Sanctioning Authority

FOR OFFICE USE ONLY

| Entitlement | Availed | Balance | Published Vide | Signature |
|-------------|---------|---------|----------------|-----------|
| | | | | |