



**APPLICATION FOR GRANT OF CASUAL LEAVE/RESTRICTED HOLIDAY/COMPENSATORY  
HOLIDAY/COMMUTED LEAVE TO PROJECT EMPLOYEES**

1. Name of applicant :
2. Post held :
3. Name of the project :
4. Nature and period of leave applied :  
for the date from which required  
(CL/RH/CH/Commutated leave)
5. Saturday, Sunday and Holidays if any :  
propose to be prefixed/ suffixed to leave
6. Ground on which leave is applied for :
7. Address during leave period :

**NOTE:** Application for commuted leave should be attached with sickness certificate.

**Remarks of Project In-charge:**

**Date:**

**Signature of Project In-charge**

**Signature of Applicant**

---

**FOR OFFICE USE**

Certified that the above named Project Employee has \_\_\_\_\_ day of balance of CL/RH/CH/Commutated leave in his/her account as on date of application. The leave applied of may therefore be sanctioned/rejected.

The balance of \_\_\_\_\_ after deduction of leave applied will be \_\_\_\_\_ day. This has been entered in leave Register Page No. \_\_\_\_\_ Sr. No. \_\_\_\_\_

**Dealing Assistant**

**Section Officer**

**Sanctioned/Not Sanctioned**

**Sanctioning Authority**

**Date:**