

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

| FOR OFFICE USE | |
|-------------------------------|---------------------------------|
| Remarks of the Head of Office | Signature of the Head of Office |

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