

FORM NO. 2
(Subsidiary Rule 86)
APPLICATION FOR LEAVE

Note: Item 1 to 9 must be filled in by all applicants whether Gazetted or non-Gazetted.

Item 12 applies only in the case of gazetted officers.

Item 13 and 14 apply only in the case of non-Gazetted officers.

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|-----|--|---|
| 1. | Name of applicant | - |
| 2. | Rules applicable | - |
| 3. | Post held | - |
| 4. | Department/Office | - |
| 5. | Pay | - |
| 6. | House rent allowance,
conveyance allowance or other
compensatory allowances drawn
in the present post. | - |
| 7. | Nature and period of leave applied
for and date from which required. | - |
| 8. | Ground on which leave is applied for | - |
| 9. | Date of return from last leave, and
the nature and period of that leave. | - |
| 10. | I undertake to refund the difference between-
the leave salary drawn during the leave on
overtime pay-commuted leave and that
admissible during leave on half average pay/
half pay leave, which would not have been
admissible had the provisions to S.R.94 (a)
(iii) not been applied in the event of my
retirement from service at the end or
during the currency of the leave. | |

Date: _____

Signature of applicant
Leave address:

Contd...2/-

11. Remarks and /or recommendation of the Controlling Officer.

Date:_____

Signature:

12. Report of the Audit Officer

Date:_____

Signature:

Department:

13. Statement of leave gazetted to applicant previous to this application

Nature of leave	In current year	During past year	Total
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Privilege/on average
Pay/earned

On average pay on
M.C./Commuted

On half average pay
Half pay
Not due
On Quarter average pay

Extra ordinary _____

Total _____

14. Certified that leave on average pay/earned leave for _____
_____ months and _____ day from
_____ 20__ is admissible _____
Under _____ of the _____

Date: _____

Signature:

Department:

15. Orders of the sanctioning authority:-

Date: _____

Signature:

Department: