

## 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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