

APPLICATION FOR LEAVE

1. Name of the applicant.....
2. Leave Rules applicable.....
3. Post held.....
4. Department of office
5. Pay.....
6. House allowance, Conveyance
Allowance or other Compensatory
Allowance drawn in the present post.....
7. Nature and period of leave applied
for and date from which required.....
8. Grounds on period leave is applied
for and date from which required
9. Date of return from last leave and
Period of that leave.....
10. I under take to refund the difference between average pay and half average pay for the period of
leave on average pay, which would not have been admissible had the provision to rule 184(b) (ii)
of WBSR- I not been applied in the event of my retirement from service at the end or during the
currency of the leave.

Date:

Signature of the applicant

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

Date: -

Signature _____

Designation _____

12. Report of the Audit Officer:

Date:-

Signature _____

Designation _____

Note:- Item 1 to 9 must be filled in by all applicant, whether Gazetted, Non-Gazetted.

Item 10 applied only in the case of applicants subject to the ordinary leave rules under the W.B.S.R. who apply for leave on average pay or medical certificate or an extension of W.B.S.R Part-I .Item 10 applied only in the case of Gazetted Officers, Item 13 and 14 apply only the case of Non-Gazetted Officers. (Contd. Page -2)

13. Statement of leave granted to applicant previous to this application:

Nature of leave	In current year	During post Year.	Total	
Casual				
Privilege				
On average pay (including Earned Leave Under revised Leave Rules1933)				
On average pay on M.C				
On half average pay on M.C				
On half average pay on private affairs				
On quarter average pay				
On quarter average pay on M.C				
Extraordinary leave				

Total

14. Certified that leave on _____ average pay for Earned Leave
 Months and Days from _____ to _____
 is admissible under articles/ rule _____ of _____

Date: _____

Signature: _____

Designation: _____

15. Orders of the sanctioning authority:

Date: _____

Signature: _____

Designation: _____

*If applicant is drawing any compensatory allowance the sanctioning authority should state whether on the expiry of leave he is likely to return to the same post or to another post carrying a similar allowance.