1. Details:

|  |  |
| --- | --- |
| Particulars: | Applicant |
| Full Name  |  |
| Employee No |  |
| CID No |  |
| Grade  |  |
| Designation  |  |
| Department/Division/Unit |  |
| Type of leave applied (CL/EL/SCL/BL/ML/PL/Medical Leave) |  |
| No. of approved leave day(Attached approved leave ) |  |
| Basic Pay (as on the day leave apply) | Nu. |

I ………………………………………………hereby confirm that the details mentioned above are all correct. If the said amount is sanctioned, I authorize the concerned office to recover the stipulated monthly installments from my salary till the leave salary advance amount is fully liquidated.

Signature of the Employee

Date: (DD/MM/YYYY)

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1. Approving Authority (Immediate Supervisor):

 Approved / Not approved (*Tick appropriately*)

Signature of the Approving Authority

Date: (DD/MM/YYYY)

1. **If approved, forward to P&A Wing**