

KURNOOL MUNICIPAL CORPORATION

APPLICATION FOR CASUAL LEAVE / OPTIONAL HOLIDAY / COMPENSATORY HOLIDAY

Name of the Applicant :
Designation :
Section / Division :
Nature of Leave :
No.of days CL / OH / CH / Applied now :
Period :
Purpose :

Whether permission for leaving the Head Quarter :
required :
If, so leave address and Cell No. :

Date : **(Signature)**

Remarks of the Section Head :

Signature of the Section Head

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For Office Use

The above named applicant has _____ days balance of CL / OH / CH in his/ her leave account as on the date of application. The leave applied may be sanctioned / rejected.

The balance of casual leaves after deduction of leave applied will be ____ days. Necessary entries have been made in the C.Ls register vide page No. _____.

Dealing Assistant : Sanctioned / Not Sanctioned

Date : **Signature of the Sanctioning Authority.**