

GOVERNMENT OF PONDICHERRY
CO-OPERATIVE DEPARTMENT

CASUAL / RH / COMPENSATORY OFF LEAVE APPLICATION

1. Name of the Government Servant :
2. Designation & section :
3. No. of days C.L./R.H/C. Off required :
4. Grounds for Leave :
5. Previous C.L./R.H taken :
6. Date of turn duty attended :

Place: Puducherry
Date :

Signature of the Govt. Servant

May be granted / permitted

SECTION IN-CHARGE

SECTION HEAD

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APPLICATION FOR EARNED LEAVE or EXTENSION OF EL

1. Name of the applicant :
2. Post held :
3. Department/ Office and Section :

4. Pay :
5. House rent and other compensatory allowances drawn in the present post :
6. Nature and period of leave applied for and date from which required :
7. Sundays and holidays, if any, proposed to be prefixed/ suffixed to leave :
8. Grounds on which leave is applied for :
9. Date of return from last leave, and the nature and period of that leave :
10. I **propose / do not propose** to avail myself of leave travel concession for the block years during the ensuing leave.
11. Address during leave period :

12. In the event of my resignation or voluntary retirement from service, I undertake to refund:

- i) *the difference between the leave salary drawn during commuted leave and that admissible during half pay leave, which would not have been admissible had sub-rule (1) of rule 30 not been applied;*
- ii) *the leave salary drawn during leave not due which would not have been admissible had sub-rule (1) of rule 31 not been applied.*

Date :

Signature of the Applicant.

13. Officer remarks and recommendation of Controlling Officer

Date :

Signature

Certificate regarding admissibility of leave
(By Audit Officer in case of Gazetted Officer)

14. Certified that _____ leave _____ days from _____ to _____ is admissible under rule _____ of the Central Civil Services (Leave) Rules 1972.

Signature :

Date :

Designation :

15. Orders of the authority competent to grant leave.

Signature :

Date :

Designation :

FORM OR APPLICATION FOR CHILD CARE LEAVE

Note- Item No.1 to 13 must be filled in by all applicants whether gazetted or non-gazetted

1. Name of applicant -----
2. Post held -----
3. Department Office and Section -----
4. Pay -----
5. Total number of Children -----
6. Name & Date of birth of 1st child -----
7. Name & Date of birth of 2nd child -----
8. Where leave is applied for 1st child or 2nd child -----
9. Period of leave applied and date from which required -----
10. Sundays and holidays, if any, proposed to be pre-fixed/suffixed to leave -----
11. Ground on which leave is applied for -----
12. Date of return from last leave, and period of that leave -----
13. Address during leave -----

Signature of the applicant (with date)

14. Remarks and /or recommendation of the Controlling Officer

Signature of the Officer (with date)