**Form of Application for Earned Leave**

**Note: Items 1 to 11 must be filled by all applications whether Gazetted or Non-Gazetted**

|  |  |  |
| --- | --- | --- |
| Sl.No. | Particulars | Details |
| 1 | Name of Applicant |  |
| 2 | Leave rules applicable |  |
| 3 | Post held |  |
| 4 | Dept , office & Section |  |
| 5 | Pay |  |
| 6 | House rent 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 | Sundays and holidays, if any proposed to be prefixed /suffixed to leave |  |
| 9 | Ground on which leave applied for |  |
| 10 | Date of return from last leave and the nature and period of leave  |  |

|  |  |
| --- | --- |
| 11 | I proposed/do not proposed to avail myself travel concession for the blockYear…………………………………………………………………………………………………………..during the ensuring leave  |
| 12 | 1. I undertake to refund the difference between the leave during on average pay/commuted leave and the admission during leave on half average pay/ half pay leave ,which would not have been admission had the proviso to F.R. 81 (ii) (C) (iii) of the Revised Leave Rules 1933 not been applied in the event of my retirement from service the end or during the currency of leave
 |
|  | 1. I undertake to refund the leave salary drawn \*leave not due\* which should not have been admission had F.R. 81 (C) Rule II (b) of the Revised Leave Rules, 1933 not been applied in the event of my voluntary retirement from service at any time until I earn half pay leave not less than the amount of leave not due available of by me.
 |

Date………………………………………. Signature of Applicant………………………………………………..

13. Remarks and /or recommendation of the controlling Officer.

Signature………………………………………………

Designation……………………………………………

Date………………………………

**CRTIFICATE REGARDING ADMISSIBILITY OF LEAVE**

(By Accountant General in the Case of Gazetted Officers)

14. Certified that ……………………………………………………………………………………..……………… (Nature of leave)

Is admissible under rule………………………………….of the …………………………………………………………………rule

Signature………………………………………………

Designation…………………………………………..

Date………………………………….

15. Officer of the Sanctioning authority:-

Signature………………………………………………

Designation…………………………………………..