APPLICATION FOR (CCL) CHILD CARE LEAVE/EXTENSION OF LEAVE

1. Name of the Applicant: _____

2. Post Held: _____

3. Deptt. Office & Section: _____

4. Pay: _____

5. House rent and other Compensatory Allowances Drawn in the present post: _____

6. 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. Address during leave period: _____

Signature of the applicant (with date)

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11. Remarks and/or the recommendation of the controlling officer

Signature
(With date and designation)