

INDIAN STATISTICAL INSTITUTE, CHENNAI CENTRE
LEAVE APPLICATION*

To

The Director / Head of Centre / Dept / Unit

I would request for sanction of EL / CL / DL / HPL / ODL / LIA commuted/ RH / advance / Quarantine maternity / Special extraordinary leave for the period to.....(total).....days) for sickness (own/family member) / Private work / religious festival / contagious disease on the house / any other cause.....)

While on leave my address will be

Date : Signature:.....

Full Name:..... Roll No:.....

Date of appointment:.....	Leave due in days	He/She/may not be allowed leave for () day(s)
L.L.F.....		
1. Earned		Signature of head of/Dept/Unit Date:
2. Casual		Order:
3. Duty		Sanctioned Leave forday(s)
4. Half pay		Director/Head of Centre/ Dept/Unit
5. RH		Date:
Signature of worker in Charge ALL		

*(i) Except in case of illness or where it is beyond the control of knowledge of the worker, leave should be taken in advance. (ii) Separate leave application should be filled up for different types of leave, (iii) Strike out whichever is not applicable.

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