



R&D AD-12

CASUAL / MEDICAL / DISCRETIONARY LEAVE FORM

Name of the employee:	
Designation / Department:	
Nature of Leave Required : CL / ML / Others If Others, mention	No of days : From: _____ To: _____
Purpose:	
Alternative arrangements for responsibilities (if any)	
Whether Station leave is required?	Yes or No, if yes, From _____ To _____
Address during the leave/on duty with Mobile No.:	

(Signature of the Applicant with date)

(Project PI)
(With Pay/without Pay)

For Department Office use

Balance as on Date	Leave Applied For (No. of days)	Remaining Balance

Attendance sheet has been updated/leave incorporated.

Dealing Assistant (Dept Office)

(Note: The form may be kept in the Department Office for record)