

INDIAN INSTITUTE OF MANAGEMENT RAIPUR

Application for: Earned / Half Pay / Commuted / Extra Ordinary Leave (For Staff – Group 'B' & Below)

1. Name _____ Designation: _____
2. Dept. /Section _____ Nature of Leave: _____
3. Medical certificate attached (In case of Commuted Leave): **Yes \ No**
4. Number of days of Leave _____ From _____ To _____
5. Prefix / Suffix if any _____
6. Purpose of leave _____
7. Whether to avail LTC: Yes \ No Home Town : Yes\No
 - a) Station from _____
 - b) No. of members to avail LTC _____
 - c) Block Year _____
8. Complete postal address during _____
leave period with Telephone No. _____

9. Whom charge to be given _____
(Strike off whichever is not applicable)

Date: _____

Signature of the Employee

Recommended/Not Recommended By

Approved By

Departmental Head

Chief Administrative Officer

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(FOR OFFICE USE)

Leave Sanctioned / Not Sanctioned

From _____ to _____

Leave due as on _____ E.L. _____ Half Pay leave _____

Remarks if any _____

Admin Staff

Chief Administrative Officer