

# 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**

**Head HR**

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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 \_\_\_\_\_

**HR Staff**

**Head HR**