**Form – ‘O’ (See rule 19 ) LEAVE BOOK**

|  |  |
| --- | --- |
| Name of the establishment : Name of the worker : Description of the Department(if applicable) : | Name of the employer : Receipt of leave book -Date of entry into service : (Signature or thumb impression of worker) |
| Accumulation of leave | Leaveallow ed | Payment for leave made on | Refusal of leave | Payment for Leave on discharge of an worker quitting employment, if admissible |
| 1. | 2. | 3. | 4. | 5. | 6. | 7. |
| Leave due on | No. of days | From---To----- | 1stMoiety | 2ndMoiety | Application Date | Date of Refusal | Reason for refusal | Date of discharge | Date and amount paid | Signature or left hand thumbimpression of worker | Remarks |
|  |  |  |  |  |  |  |  |  |  |  |  |

DETAILS OF FESTIVAL LEAVE

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Period | Total Leave | Availed Leave | Balance Leave | Payment made in lieu of Festival Leave, whencalled for work. | Remarks |
| From | To |  |  |  |  |  |
|  |  |  |  |  |  |  |

DETAILS OF CASUAL LEAVE

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Period | Total Leave | Availed Leave | Balance Leave | Remarks |
| From | To |  |  |  |  |
|  |  |  |  |  |  |

Name and Signature of Authority.