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FORM - XXV
[See Rule 29(6)]
Register of Leave

Name of the
Establishment/Shop

Name of the employee :

Address :

Father's/Husband's Name :

Registration No.

Date of appointment :

LEAVE WITH WAGES

Date of appli- cation	Applied		No. of days	No. of days to which the employee is entitled	Leave granted			Balance	If refused, in part or full			Reasons	Signature of	
	From	To			From	To	No. of days		From	To	No. of days		Employee	Employer
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)

Sick leave (same as the statement for leave with wages).

Casual leave (same as the statement for leave with wages)