

APPLICATION FOR SURRENDER OF EARNED LEAVE

- 1 Name of the Employee : _____
- 2 Designation : _____
- 3 Place of working : _____
- 4 Date of Increment : _____
- 5 **Period of Surrender of Earned Leave** : **From** _____ **To** _____
- 6 No. of days of E.L. to be Surrendered : **15/30 days**
- 7 Basic Pay & Scale of Pay : _____
- 8 No. of days of Earned Leave surrendered during last financial year & Month : _____
- 9 Remarks : _____

Signature of the H.M. of PS

Signature of the Applicant