APPLICATION FOR CHILD CARE LEAVE

1.	Name of the Applicant	_____
2.	Designation	_____
3.	Dept/Office/Section	_____
4.	Name of Child for whom Child Care Leave is applied for	_____
5.	Date of Birth of the Child *(Attach DoB)*	_____
6.	Date on which child will be attaining 18 years.	_____
7.	Is the child among the two eldest Children	Yes / No : (1st Child / 2nd Child, Tick one)
8.	EL in credit (as on date)	_____
9.	Period of Leave	Days: _____ From: _____ To: _____
	Prefix/Suffix of holidays, if any	_____
10.	Reason(s) for leave applied for	_____
11.	Total Child Care Leave availed till date	_____
12.	(a) Whether permission to leave station is required	Yes / No
	(b) If Yes, Address during leave period	_____ _____
13.	Date of return from last leave, & nature and period of that leave	_____ _____

Date: _____

Signature of applicant
Emp. ID. _____

Remarks of Controlling Officer

Leave Recommended / Leave Not Recommended.

Date: _____

Signature: _____
Designation: _____
Office: _____

Remarks of Dean of the School

Leave Recommended / Leave Not Recommended.

Date: _____

Signature: _____
Designation: _____
Office: _____