PRAVARA RURAL EDUCATION SOCIETY'S, PRAVARANAGAR

Name : .....

Unique ID Code : .....

Designation : .....

Card No.: .....

Department : .....

Name of Branch .....

.....

.....

LEAVE CARD

Particulars of Balance Leave			
Leave Types	Total Leave	Used Leave	Balance Leave
Earned Leave			
Sick Leave			
Casual Leave			

Application Date	Leave Types				Duration of Leave		Reason For Leave	Applicant's Signature	Date of Resuming Duty	Sanctioned / Not Sanctioned	Signature of HOD	Name of the Substitute Staff	Sign. of the Substitute Staff	Remark
	Earned Leave	Sick Leave	Casual Leave	L. W. P.	From	To								

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