

THE FOOD CORPORATION OF INDIA

APPLICATION FORM FOR LEAVE

EMP CODE :

NAME :

DESIGNATION :

DIVISION :

SECTION :

NATURE OF LEAVE :

CL	RH	CCL	EL	HAPL	COMMUTED

NO.OF DAYS :

PERIOD OF LEAVE : FROM _____ TO _____

ON _____ FN/AN

PREFIXED HOLIDAYS : _____ / _____ / _____

SUFFIXED HOLIDAYS: _____ / _____ / _____

PURPOSE OF LEAVE :

SIGNATURE OF
APPLICANT

RECOMMENDING
AUTHORITY

SANCTIONING
AUTHORITY

Date: