

APPLICATION FOR SURRENDER OF EARNED LEAVE

(Vide Cir.Memo.No.14781-C/278/FR.I/2011, Dated:22-6-2011 of Fin.(FR.I)Dept. Govt. of A.P.)

1. Name of the Employee & Design. :
2. Name of Office/School Working :
3. Are you a Regular Employee : Yes / No
4. No. of Days E.L. Surrendered during Last Financial Year (20 - 20) : 15 / 30 Days.
5. Earned Leave at credit as on the date of Surrender of E.L / as on . _____ :Days.
6. Period of Surrender of E.L for Financial Year 20 - & No. of Days : From.....To.....(Total days.....)
7. Balance of Earned Leave after surrender(5-6) :Days.
8. Basic Pay particulars as on Date of surrender : Basic Pay.....P.P.....

Signature of the H.M

Signature of the Employee.

FOR OFFICE USE ONLY

1. No.of Days E.Ls credit(Column No.5) :
2. No. of Days accorded permission for Surrender (Column No. 6) :
3. No. of Days E.Ls Balance after surrender (Column No. 7) :

Signature of the Sanctioning Authority.