

Record Code : 901

KOLKATA PORT TRUST

LEAVE APPLICATION

INPUT

To be filled up by Establishment Clerk :Estd. Code _____ Document Sl. No. _____ Date _____
DD MM YY**To be filled up by Employee :**

EMP. No. _____ Grant No. _____ Item No. _____

S. R. Folio No. _____ Leave A/c. No. _____ Salary Bill (Name) _____

Department _____ Class 1 2 3 4
(Please tick mark)

Employee's Name (in full) _____ LAST FIRST MIDDLE

Date of Appointment _____ Date of Conf. _____
DD MM YY DD MM YYDesignation : _____
Pay
Scale of payLeave Applied From _____ To _____ No. of days _____
DD MM YY DD MM YYReasons for leave : Medical Others (if others) Specify _____Kind of leave : Full Pay Half Pay Commuted Leave Leave not due Extraordinary Leave PR Leave Maternity Special Disability for accidental injury PS Leave Special disability for injury inflicted Option 1 * Option 2 * Others (if others) Specify _____

Leave Description (in words) : _____

Advance leave Salary From _____ To _____ No. of days _____
DD MM YY DD MM YY

Date : _____ Signature of Applicant

To be filled up by Establishment Clerk :Leave granted : From _____ To _____ No. of days _____
DD MM YY DD MM YY

No. of days No. Pay (if any) _____

Sanctioned Leave Salary : From _____ To _____ No. of days _____
DD MM YY DD MM YY

Leave Credit Position : Full pay _____ days Half pay _____ days

Date : _____ Signature of Head of the Department

COMMENTS : The leave application will be forwarded, as and when by respective department to the computer centre for processing.

* Option 1 : Where after 120 days it is half pay leave.

* Option 2 : Where after 120 days. The employee has asked for full pay leave.

Kind of leave code : FPL-1, HPL-2, CML-3, LND-4, EXTL-5, RP-6, MAT-7, PS-8, ACCIND-9, SPLOP 1-10, SPLOP-2-11, OTH-13