

GUJRAT GOVERNMENT GAZATTE , EX., 3-10-2019

**Form – N
(See rule 17)**

Name of the establishment: Name of the worker:			Name of the employer: Receipt of leave book –							
Description of the Department (if applicable):			Date Of Entry into service: (Signature or thumb impression of worker)							
Accumulation of Leave		Leave allowed	Payment for leaves made on		Refusal of leave		Payment for Leave on discharge of an worker quitting employment if admissible			
1	2	3	4		5		6			7
Leave Due on	no. of day	From..... To-----	1 st Moiety	2 nd Moiety	Application Date	Date of Refusal	Date of discharge	date and amountpaid	Signature or left hand thumb impression of worker	Remarks

DETAILS OF FESTIVAL LEAVE

Period		Total Leave	Availed Leave	Balance Leave	Payment made in lieu of festival leave, when called for work.	Remarks
From	To					

DETAILS OF CASUAL LEAVE

Period		Total Leave	Availed Leave	Balance Leave	Remarks
From	To				

Name and Signature of authority.

