

FORM - N
(See rule 17)
LEAVE BOOK

Name of the establishment: Name of the worker : Description of the Department (if applicable) :		Name of the employer : Date of entry into service:		Receipt of leave book - (Signature or thumb impression of worker)	
Accumulation of leave	allowed	Payment made on	Refusal of leave	Payment for Leave on discharge of an worker quitting employment if admissible	
1.	2.	3.	4.	5.	6.
Leave due on	No. of days	From ---- To -	1 st Moiety	2 nd Moiety	Signature or left hand thumb impression of worker
			Application Date	Date of Refusal	Date of discharge
					Date and amount paid
					Remarks
					7.

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.