# FORM - XXV

*[See Rule 29(6)]*

## Register of Leave

Name of the Establishment/Shop Name of the employee :

Address : Father’s/Husband’s Name :

Registration No. Date of appointment :

**LEAVE WITH WAGES**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Date of | *Applied* | No. of | No. of days | *Leave granted* | Balance | If refused, in part | Reasons | *Signature of* |
| appli- cation | From To | days | to which the employee  is entitled | From To No. of days |  | or full From To No. of  days |  | Employee Employer |
| (1) | (2) (3) | (4) | (5) | (6) (7) (8) | (9) | (10) (11) (12) | (13) | (14) (15) |

Sick leave (same as the statement for leave with wages). Casual leave (same as the statement for leave with wages).