**Form – ‘O’ (See rule 19 ) LEAVE BOOK**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name of the establishment : Name of the worker : Description of the Department  (if applicable) : | | | | | Name of the employer : Receipt of leave book -  Date of entry into service : (Signature or thumb impression of worker) | | | | | | | | |
| Accumulation of leave | | Leave  allow ed | Payment for leave 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 days | From  ---  To  ----- | 1st  Moiety | 2nd  Moiety | | Application Date | | Date of Refusal | Reason for refusal | Date of discharge | Date and amount paid | 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.