



GOVERNMENT OF ORISSA  
DEPARTMENT OF HOME

APPLICATION FOR EARNED LEAVE  
OR  
FOR EXTENSION ON LEAVE  
CCS (Leave) Rules  
(See Rule-14)

01. Name of the applicant

02. Post held

03. Department, Office and Section

04. Pay

Rs.  /-

05. House rent and other compensatory  
allowances drawn in the present post.

Rs.  /-      Rs.  /-

06. Nature and period of leave applied  
for and date from which required.

From  To

07. Sundays and Holidays,  
if any proposed to be  
☐ prefixed ☐ suffixed to leave.

☐ Yes ☐ No

08. Grounds on which leave is applied for

09. Date of return from last leave  
on the nature and period of that leave.

From  To

10. I ☐ proposed ☐ do not proposed to avail myself of leave travel to avail myself of leave travel years  
during the ensuing leave

11. Address during leave period

Date

Signature of Applicant

12. Remarks and/or recommendation of  
the Controlling Officer

Date

Signature

Designation