

Form 19

(Prescribed under Rule 102)

Leave Card

Name of Factory..... Place.....
 Serial Register No..... Name of the worker (in full).....
 Department..... Designation.....
 Date of entry into service..... date of discharge.....

Months and year	No. of days worked	Days of lay off	Days of Maternity leave not exceeding 12 weeks	Whether leave not desired during calendar year
(1)	(2)	(3)	(4)	(5)
Daily average of full time earning for the month	Dates on which leave enjoyed	Total wages paid for leave	Wages paid in lieu of leave discharged	Remarks
(6)	(7)	(8)	(9)	(10)

January
 February
 March.....
 April.....
 May.....
 June.....
 July.....
 August.....
 September.....
 October.....
 November.....
 December.....
 Leave due on the 1st January of the calendar year.....
 Leave enjoyed during current calendar year.....
 Balance of unavailable leave on the 31st December of calendar year.....
 Leave earned in calendar year.....
 Total leave due on the 1st January of the Next Calendar Year.....