

Uttar Pradesh Dookan Aur Vanijya Adhishthan Niyamavali, 1963

FORM H

[Rule 18(i)(b)]

(Uttar Pradesh Dookan Aur Vanijya Adhishthan Niyamavali, 1963)

Register of Leave

Period from _____ to _____

Name of employee _____

Nature of employment _____

Father's Name _____

Date of employment _____

Earned Leave				Sickness Leave		
Balance carried forward	Date of which leave applied for	Date of availing leave		Balance due	Date of availing leave	
		From	To		From	To
1	2	3	4	5	6	7

Casual Leave						
Balance due	Date of application	Whether application granted or refused	Date of availing leave		Balance	Signature of employer
			From	To		
8	9	10	11	12	13	14

Signature of Employer