

FORM N - LEAVE CARD

[See Rule 20(5)]

Name of the Employer

Name of the Employee :

Description of the department
(if applicable)

Date of entry into service :

Accumulation of Leave		Leave Allowed		Balance of Leave carried over	Payment for Leave made on		Refusal of Leave		Payment for Leave on discharge of an employee quitting employment if admissible					Signature or thumb impression of the employee in receipt of Leave Book in Form N	Remarks
Leave due on	No of days	From	To		1st month	2nd month	Date of application	Date of Refusal	Amount of Leave Refused	Date of discharge	Date	Amount paid	Signature of Left hand thumb impression of employee		