FORM M

Name of the Employer / Establishment

Name of Employee

Description of the Department if Applicable :

Date of Entry into Service :

Accumulation of Leave		Leave Allowed		Balance of Leave	Payment of Leave Made on		Refusal of Leave			Payment of Leave on Discharge of an Employee Quiting Employment if a Admissible			Signature or Thumb Impression of	
Leave due on	No of days	From	То	Carried Over	1st Month	2nd Month	Date of Application	Date of Refusal	Amount of Leave Refused	Date of Discharge	Date of Amount Paid	Signature or Left hand Thumb Impression of Employee	Employee on Receipt of Leave Book in Form N	Remarks