

## Orissa Shops and Commercial Establishments Rules, 1958

### FORM 9

[See Rule 15(2)]

Name of employer/establishment \_\_\_\_\_

Name of employer \_\_\_\_\_

Registration Certificate \_\_\_\_\_

Adult, male, female or child \_\_\_\_\_

Name of employment if any	Monthly or weekly rate of pay of wages	Date of employment			Leave earned			Period of leave refused to be carried over	Leave availed		
		From	To	No. of days	At credit	Earned	Total		From	To	No. of days
1	2	3	4	5	6	7	8	9	10	11	12

Balance of leave at credit	Sickness Leave			Balance after each occasion	Signature or thumb impression of employee	Signature of employer	Remarks
	From	To	No. of days availed				

