

FORM J

See sub-rule (2) of Rule 18 and Rule 21

Register of Leave

Name of shop/establishment, if any _____

Name of shop-keeper/employer _____

Address in full of shop/establishment _____

Registration No. _____

Name of employee _____

Father's Name _____

Date of appointment _____

Privilege Leave

Dated of application	Applied		Leave granted		Balance due	If refused in part or full			Remarks
	From (date)	To (date)	From (date)	To (date)		From (date)	To (date)	Reasons	
1	2		3		4		5		6

Signature of shop-keeper/employer.

Sick Leave

Dated of application	Applied		Leave granted		Balance due	If refused in part or full			Remarks
	From (date)	To (date)	From (date)	To (date)		From (date)	To (date)	Reasons	
1	2		3		4		5		6

Signature of shop-keeper/employer.

Casual Leave

Dated of application	Applied		Leave granted		Balance due	If refused in part or full			Remarks
	From (date)	To (date)	From (date)	To (date)		From (date)	To (date)	Reasons	
1	2		3		4		5		6

Signature of shop-keeper/employer.

Maternity Leave

Dated of application	Applied		Leave granted		Balance due	If refused in part or full			Remarks
	From (date)	To (date)	From (date)	To (date)		From (date)	To (date)	Reasons	
1	2		3		4		5		6

Signature of shop-keeper/employer.

Note:--A separate page should be earmarked in this register for each person employed and for each kind of leave.