**APPLICATION FOR CHILD CARE LEAVE**

|  |  |  |  |
| --- | --- | --- | --- |
| 1. | Name of the Applicant | : | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 2. | Designation | : | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 3. | Dept/Office/Section | : | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

1. Name of Child for whom Child

|  |  |  |  |
| --- | --- | --- | --- |
|  | Care leave is applied for | : | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 5. | Date of Birth of the Child | : | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 6. | Date on which child will be attaining |  |  |
|  | 18 years. | : | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

1. Is the child among the two eldest

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Children |  | : | Yes/No |
| 8. | EL in credit (as on date) |  | : | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 9. | Period of Leave- | Days | : | From\_\_\_\_\_\_\_\_\_To\_\_\_\_\_\_\_ |
|  | Prefix/Suffix of holidays, if any | : | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 10. | Reason(s) for leave applied for | : | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 11. | Total Child Care Leave availed till date | : | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 12. | (a) Whether permission to leave | : | Yes/No |
|  | station is required |  |  |  |
|  | (b) If Yes, Address during |  | : | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | leave period |  |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |  |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 13. | Date of return from last leave, | : | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | & nature and period of that leave |  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |  |
| --- | --- |
| Date : \_\_\_\_\_\_\_\_\_\_\_\_\_ | Signature of applicant |
|  |  |
|  | **Remarks of Controlling Officer** |
|  |  |  |

Leave Recommended / Leave Not Recommended.

Date :\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Designation\_\_\_\_\_\_\_\_\_\_\_\_

 Office\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_