

APPLICATION FOR LEAVE NOT DUE

To
The Principal,
Sabang Sajanikanta Mahavidyalaya
Lutunia, Sabang,
Paschim Medinipur - 721166

Sub: Application for grant of Leave Not Due

Respected Sir,

I was on prolonged sickness since _____ Due to _____ and I have availed all leaves in full and half average pay which was at my credit of Leave Account till the date. I am in great distress because it is unavoidable to have the Extra Ordinary Leave (without pay) in such circumstances. As I am the only earning member of my family hence it will be very troublesome for me to have without pay. I have come to know that no assistance from staff benefit fund is due to me. I, therefore, request you to kindly grant me "Leave Not Due" as per the provision of the uniform leave rules for days which is the leave that can be sanctioned in advance and adjusted after the resumption. In this connection, I am agreed to all the terms and conditions of the criteria of Leave Not Due of the Leave Rules. I clearly understand that I am liable to refund all the money received on account of leave not due in case of leave service on my own accord during the currency "LEAVE NOT DUE".

Yours faithfully,

Signature of the Employee

Designation: _____

Department: _____

Enclosers: CERTIFICATE FROM MEDICAL AUTHORITY

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TO WHOM IT MAY CONCERN

Certified that I have examined Shri/Smt
employed under as who is under
treatment since and I am of the opinion that there is every
reasonable chance of his recovery and earning leave on his resumption. I, therefore,
recommend "Leave Not Due" for days on his case as per extant
rules.

Signature of the Doctor with date

Doctor's Name: _____

Designation: _____

Medical Regn. Number: _____

Official Obligation / Affiliation _____