

APPLICATION FOR CHILD CARE LEAVE

| | | | |
|-----|--|---|---|
| 1. | Name of the Applicant | : | |
| 2. | Designation | : | |
| 3. | Dept/Office/Section | : | |
| 4. | Detail of Child/Children | | Name Date of birth |
| 5. | Name of Specially abled Child | : | |
| 6. | Name of Child for whom Child care leave is applied for | : | |
| 7. | Date of birth of the Child | : | |
| 8. | Date on which child will be attaining age of 18 years. | : | |
| 9. | Is the child among the two eldest Children | : | Yes/No |
| 10. | Period of Leave & Number of Days Prefix/Suffix of holidays, if any | : | From.....to.....days..... |
| 11. | Reason(s) for leave applied for | : | |
| 12. | Total Child Care Leave availed till date | : | |
| 13. | (a) Whether permission to leave station is required | : | Yes/No |
| | (b) If yes, Address during leave period | : | Yes/No |
| 14. | Date of return from last leave & nature and period of that leave | : | |

Date :

Signature of applicant
Employee ID No.

Leave Sanctioning Authority

Remarks of Controlling officer leave recommended/leave not recommended.

Date :Signature.....

Designation.....Office.....

Performa for maintaining Child Care Leave Account

[illegible]