

**CRS SIET, JHAJJAR**  
**Application for Casual Leave**

1. Name.....
2. Designation.....
3. C.L. Entitled.....
4. C.L. Already Availed.....
5. C.L. Applied From.....To.....=..... days
6. Station Leave From.....To.....=..... days
7. Leave Balance after availing applied C.L. ....
8. Reason for C.L. ....
9. Address if Station Leave Applied:-

.....  
.....  
.....

Phone No.....

Recommended by

Date.....

Signature of Applicant

Date.....Time.....

**Director-Principal**  
**CRS SIET Jhajjar**