**APPLICATION FOR SURRENDER OF EARNED LEAVE**

NAME & POST :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SCHOOL NAME :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE OF INCREMENT :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PERIOD OF SURRENDER

OF EARNED LEAVE : FROM DT --------------- TO DT ------------

NO. OF DAYS OF E.L TO BE

SURRENDERED : 15/30 DAYS

BASIC PAY & SCALE OF PAY :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NO. OF DAYS OF EARNED LEAVE

SURRENDEREDDURING LAST

FINANCIAL YEAR & MONTH :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

REMARKS : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SIGNATURE OF H.M OF P.S SIGNATURE OF TEACHER