**APPLICATION FOR CHILD CARE LEAVE**

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| --- | --- |
| 1. Name of the Applicant |  |
| 2. Designation |  |
| 3. Dept. Office/Section |  |
| 4. Detail of Child Children | Name DOB\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ |
| 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 |  |
| (b) If Yes, Address during leave period |  |
| 14. Date of return from last leave, & nature and period of that leave |  |

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

 Signature of applicant

 Empolyee ID No.\_\_\_\_\_\_\_\_\_\_\_\_

**Leave Sanctioning Authority**

Remarks of Controlling Officer Leave Recommended/Leave Not Recommended.

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

Designation: \_\_\_\_\_\_\_\_\_\_\_\_ Office:\_\_\_\_\_\_\_\_\_\_\_\_