FORM– N

(*See* rule 17)

LEAVE BOOK

Name of the establishment: Name of the worker : Description of the Department (if applicable) :	Name of the employer : Date of entry into service:	Receipt of leave book - (Signature or thumb impression of worker)

Accumulation of leave		Leave allowed	Payment for leave made on		Refusal of leave		Payment for Leave on discharge of an worker quitting employment if admissible			
1.	2.	3.	4.		5.		6.			7.
Leave due on	No. of days	From ---- To -	1st Moiety	2nd Moiety	Application Date	Date of Refusal	Date of discharge	Date and amount paid	Signature or left hand thumb impression of worker	Remarks

DETAILS OF FESTIVAL LEAVE

Period		Total Leave	Availed Leave	Balance Leave	Payment made in lieu of Festival Leave, when called for work.	Remarks
From	To					

DETAILS OF CASUAL LEAVE

Period		Total Leave	Availed Leave	Balance Leave	Remarks
From	To				

Name and Signature of Authority.