

FORM – O

(See rule 18)

NOTICE OF MAXIMUM LEAVE ACCUMULATED

Name and address of the establishment.

Name of the Authorized person / Manager.

Notice.

As per section 18 (5) of the Gujarat Shops and Establishments (Regulation of Employment and Conditions of Service) Act, 2019 (Guj. 4 of 2019) the maximum leave that can be accumulated is for 45 days. The following workers whose names are mentioned below have maximum leave of 45 days accumulated at their credit. Hence, no further leave due to them but not availed by them will be accumulated and it shall lapse if unveiled.

Details of workers.

| Sr.No. | Name of workers | Number of accumulated leave | Period for which leave is accumulated | |
|--------|-----------------|--------------------------------|--|------|
| | | | From | Till |
| | | | | |

Date:

Place:

Name and Signature of
Authorized representative
/Manager.

Copy to Workers

| Minimum rate of wages payable Rs. (11) | Total production in case of piece rate Rs. (12) | Actual Wages Paid Rs. (13) | House Rent Allowance Paid Rs. (14) | Dearness Allowance Paid Rs. (15) | Gross Amount Payable Rs. (16) | Total hours of overtime worked during the month (17) | Overtime earnings Rs. (18) |
|---|--|----------------------------------|---|---|-------------------------------------|---|----------------------------------|
| | | | | | | | |
| | | | | | | | |

| Deductions | | | | | | | | Total | Net Payable |
|--------------------------------------|--------------------|----------------------|----------------------|-------------------------|-----------------------|--------------|-------------------------------|---------------|-------------|
| | Family Pension Rs. | ESI Contribution Rs. | Professional Tax Rs. | Income Tax Rs. (if any) | Loan and Interest Rs. | Advances Rs. | Other Deductions Rs. (if any) | Deduction Rs. | Rs. |
| Provident Fund Contribution Rs. (19) | (20) | (21) | (22) | (23) | (24) | (25) | (26) | (27) | (28) |
| | | | | | | | | | |

| Date of Payment (29) | Signature/ Thumb Impression of the worker (30) |
|-------------------------|--|
| | |
| | |

Signature of employer or authorized representative