Form 20

(See rule 32(1))

Leave Card

1. Employee Name :-
2. Sex :-
3. Father's/Husband Name :-
4. Sr.No.in Employee's Regi.:-
5. Department :-
6. Designation :-

Employment Join Date

7. Date of discharge/dismissal/Quitting employment/ superannuation /death while in service
8. Date of payment in lieu of leave with wages due in such case
9. Whether leave in accordance with scheme under section was refused

Calander year of service (ie. Previous year)	Leave due as on 1st January Of the year in col.1	Leave availed during the year			Number of working days for computation of leave during the year mentioned in Col.1					Regular leave earned for the year mentioned in col.1	Balance of leave - admissible on 1st January of the year following the year mentioned in column1 (Col. 2 +11-5)	Date & Amount of payment made in lieu of leave due							Signature
		Date		No.of Days	Days Worked	Lday off	Maternity Leave Upto 12 Weeks	Leave with wages employed	Total (6 to 9)			No. of days for which leave paid	Rate of wage as per Section-2(zzj) of the OSH code-2020	Total amount paid (Col.13x14)	Discharged worker				
		From	To												Date of discharge	No. of balance days for which leave paid	Rate of wages as per Section 2(ZZJ) of the OSH code-2020	Date & Amount of payment made in lieu of leave due	
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
JAN																			
FEB																			
MAR																			
APR																			
MAY																			
JUN																			
JULY																			
AUG																			
SEP																			
OCT																			
NOV																			
DEC																			
TOTAL:																			