

**APPLICATION FOR COMMUTED LEAVE / SICK LEAVE**

- 1. Name of the employee :
- 2. Designation :
- 3. Station :
- 4. PF No. : BU No.:
- 5. Pay Level : Pay :
- 6. Section / Office :
- 7. Period of sick From: To:
- 8. No. of days :
- 9. Name of Health Unit / Rly. Hospital :
- 10. Sick Certificate No. & Date :
- 11. Fit Certificate N. & Date :
- 12. Interim Certificate if any :
- 13. Period to be treated as
  - a. Sick / LAP :
  - b. Sick / LHAP :
  - c. Sick / ExL :
  - d. Commuted Leave :
- 14. Remarks :

Station:

Date:

Signature of the Employee

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No.

Forwarded to

for further action please

Station:

Date:

Signature of Controlling Authority

Designation: