

APPLICATION FOR CHILD CARE LEAVE

1. Name of the Applicant with Emp. ID : _____
2. Designation : _____
3. Dept./ Office/ Section : _____
4. Name of Child for whom child
Care Leave is applied for : _____
5. Date of Birth of the Child : _____
6. Date on which Child will be attaining
18 years. : _____
7. Is the above child among the two eldest
Children : Yes/No
8. EL in credit (as on date) : _____
9. Period of Leave Days : _____
Prefix/Suffix of holidays, if any : _____
10. Reason(s) for leave : _____
11. Total Child Care Leave availed till date : _____
12. (a) whether permission to leave : Yes/No
Station is required
(b) If Yes, Address during leave : _____
Period _____

13. Date of return from last leave, &
Nature and period of the leave : _____

(“During the period of child care leave a female Government servant and a single male Government servant shall be paid one hundred percent of the salary for the first three hundred and sixty-five days and at eighty percent of the salary for the next three hundred and sixty-five days”.)

Date: _____

Signature of applicant

Remarks of Controlling Officer

Leave Recommended / Leave Not Recommended

Date: _____

Signature : _____

Designation: _____

Office : _____