SOUTHERN POWER DISTRIBUTION COMPANY OF A.P. LIMITED
CORPORATE OFFICE :: TIRUPATI
LEAVE APPLICATION

1	**Name of the Employee with Id.No.**	**:**	
2	**Leave Rules applicable**	**:**	
3	**Post held**	**:**	
4	**Office and Section**	**:**	
5	**Pay**	**:**	
6	**House Rent Allowance, City Allowance, Conveyance Allowance, other compensatory allowance drawn in the present post.**	**:**	
7	**Nature and period of leave applied for and date from which required,**	**:**	
8	**Sundays and holidays, if any proposed to be prefixed/Suffixed to leave.**	**:**	
9	**Grounds on which leave is applied for**	**:**	
	Leave Address		
10	**Date of return from last leave, and the nature and Period of that leave.**		
			SIGNATURE OF APPLICANT (with date and stamp)
11	**Remarks and Recommendation of the Controlling Officer**		
			Signature of the Controlling Officer (with date and stamp)

CERTIFICATE REGARDING ADMISSIBILITY OF LEAVE
(By Pay Officer in case of employees under Class-I&II Services)

12. Certified that …… (Nature of leave) for …….days from …….to …….is admissible under .. ……. the……. ……Regulation.

SIGNATURE (WITH DATE)

Designation: