



ఆంధ్రప్రదేశ్ ప్రభుత్వం

CASUAL LEAVE APPLICATION FORM

Name Of The Employee :

Employee ID (HRMS ID) :

Designation :

Working Place :

Total No. of CLs :

No . Of CLs Availed :

No . Of CLs now Required :

Date Of CL :

No. CLs Balance :

Cause Of CL :

Signature of the Employee :

Issuing Authority :