

Application for Commuted Leave/Sick Leave

1. Name :
2. Designation :
3. Station :
4. Staff No. :
5. PF No. :
6. Section/Office :
7. Period of Sick From : To :
No of days :
8. Name of Health Unit/
Railway Hospital :
9. Sick Certificate No & date :
10. Fit Certificate No & date :
11. Interim certificate if any :

12. Period to be treated as
- | | |
|-------------------|--|
| a) Sick/LAP | |
| b) Sick/LHAP | |
| c) Sick/ExL | |
| d) Commuted Leave | |

13. Remarks :

Station :

Date :

Signature of the Employee

No.

Forwarded to DPO/

for action please

Signature of Supervisory Official

Station :

Designation

Date :