

CO OPERATIVE ACADEMY OF PROFESSIONAL EDUCATION

APPLICATION FOR LEAVE

- 1 Name of applicant :
- 2 Date of birth :
- 3 Post held :
- 4 Name of institution with department/section :
- 5 Pay and scale of pay :
- 6 Date of entry in regular service under CAPE :
- 7 Nature and period of leave applied for and date :
- 8 Sundays and holidays if any proposed to
be prefixed/ suffixed to leave :
- 9 Ground on which leave is applied for :
- 10 Date of return from last leave and the nature
and period of leave :
- 11 Address during leave :

I undertake to refund the amount received in excess, if any, towards the pay and allowances for the above leave period.

Place : signature of the applicant with date

Recommendation of the authority concerned:

Place:

Date: signature

Name and designation of the Recommending authority