



**DIRECTORATE OF HEALTH SERVICES**  
**Thiruvananthapuram**

**Application for Casual Leave**

Name of Employee & Pen Number	
Designation	
Section	
Period of leave	From:..... To:.....
Number of days	
Reason for Leave	
In station/Out Station (during leave period)	
Date	Signature of Employee
<b>FOR OFFICE USE ONLY</b>	
	Approved/Not approved
Date	Signature of sanctioning Officer