

**LEAVE APPLICATION FOR CHILD CARE LEAVE (CCL)**

(To be filled in Duplicate)

(Ref: WR HQ L.No. E(P)637/O Vol. V dated 19.11.2010 (PS-164/2010)).

- 1. PF /PRAN No. :.....
- 2. Name of Employee :.....
- 3. Designation :.....
- 4. Office Address :.....
- Shop :..... T.No.....
- 5. Bill Unit No. :.....
- 6. Spell :.....
- 7. Leave Applied From :..... TO .....
- 8. No.of days :.....
- 9. Whether LAP adjusted against CCL: Yes / No
- 10. If 'yes' ( 8 above), period: From:.....TO .....
- 11. Name of 1<sup>st</sup> child :.....
- With Date of Birth :.....
- 12. Name of 2<sup>nd</sup> child :.....
- With Date of Birth :.....
- 13. Address while on leave :.....
- :.....
- :.....

(Indicate "D" against the name of disabled child)

Date:...../...../20.....

(Signature of Applicant)

Recommendation for sanction:

(Depot/Unit In-charge)

Remark of Sanctioning Authority:

(Signature of Sanctioning Authority)

Note: one copy should be retained by leave clerk for monitoring CCL Record.

Information :1. For Handicapped child (Disability 40 % or more) CCL up to 22 yrs, in other cases up to 18 yrs. 2. Maximum 730 days 3. Minimum 15 days 4. Maximum 3 times in calendar year. 5. CCL benefits are similar as LAP.