

## AGRICULTURE UNIVERSITY JODHPUR

## APPLICATION FOR CHILD CARE LEAVE

| 1.                | Name of the Applicant  | :           |          |        |        |
|-------------------|--|-------------|----------|--------|--------|
| 2.                | Designation  | :           |          |        |        |
| 3.                | Dept/Office/Section  | :           |          |        |        |
| 4.                | Detail of Child/Children   |             | Name     | Gender | DoB    |
|                   |  | :           |          |        |        |
|                   |  |             |          |        |        |
| 5.                | Name of Specially abled child, if any  | :           |          |        |        |
| 6.                | Name of Child for whom Child Care  | :           |          |        |        |
| 7.                | Leave is applied for<br>Date of Birth of the Child   | :           |          |        |        |
| 8.                | Date on which child will be attaining  | -           |          |        |        |
|                   | age of 18 years  | :           |          |        |        |
| 9.                | Is the child among the two eldest<br>Children  | :           | Yes / No |        |        |
| 10                | Period of Leave & Number of the Days   |             | From to  | T (    | 1 D    |
| 10.               | Prefix/Suffix of holidays, if any  | :           |          | . Iota | 1 Days |
| 10.               |  | :           | FIOIII   | . Iota | I Days |
|                   | Prefix/Suffix of holidays, if any  | :<br>:<br>: |          | . Iota | 1 Days |
| 11.               | Prefix/Suffix of holidays, if any<br>Reason (s) for leave applied for<br>(a) Total Child Care Leave availed in   | :<br>:<br>: |          | . Iota | 1 Days |
| 11.               | Prefix/Suffix of holidays, if any<br>Reason (s) for leave applied for<br>(a) Total Child Care Leave availed in<br>current calendar year<br>(b) Total Child Care Leave availed till   | :           | Yes / No |        | 1 Days |
| 11.               | Prefix/Suffix of holidays, if any<br>Reason (s) for leave applied for<br>(a) Total Child Care Leave availed in<br>current calendar year<br>(b) Total Child Care Leave availed till<br>date<br>(a) Whether permission to leave station  | :           |          |        | 1 Days |
| 11.               | Prefix/Suffix of holidays, if any<br>Reason (s) for leave applied for<br>(a) Total Child Care Leave availed in<br>current calendar year<br>(b) Total Child Care Leave availed till<br>date<br>(a) Whether permission to leave station<br>is required<br>(b) If Yes, write address during leave   | :           |          |        | 1 Days |
| 11.<br>12.<br>13. | Prefix/Suffix of holidays, if any<br>Reason (s) for leave applied for<br>(a) Total Child Care Leave availed in<br>current calendar year<br>(b) Total Child Care Leave availed till<br>date<br>(a) Whether permission to leave station<br>is required<br>(b) If Yes, write address during leave<br>period<br>Date of return from last leave | :           | Yes / No | 0      |        |

|  | Signature of Applicant |
|--|------------------------|
| 16. Remarks of Controlling Officer:                          |                        |
| Recommended / Not recommended, Please write comments:        |                        |
| Official Forwarding NoDate                                   |                        |
|  | Signature and seal of  |
|  | Controlling Officer    |
| 17. Comments of the concerned Dean/Director (if applicable): |                        |
|  | Signature and seal of  |
|  | Dean/Director          |
| 18. Leave Sanctioning Authority :- Sanctioned/Not Sanctioned |                        |
| Date:  | Signature:             |
|  | Designation:           |

## Proforma for maintaining Child Care Leave Account

| Name of the er | nployee:         |            |                                     |                |                           |  |
|----------------|------------------|------------|-------------------------------------|----------------|---------------------------|--|
| Designation:   |                  |            | Total admissible days of CCL leave: |                |                           |  |
|                | Child Care Leave |            |                                     | ild Care Leave | Signature and designation |  |
| From           | То               | Total Days | Balance                             | Date           | the certifying officer    |  |
| 1              | 2                | 3          | 4                                   | 5              | 6                         |  |
|                |                  |            |                                     |                |                           |  |
|                |                  |            |                                     |                |                           |  |
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