



APPLICATION FOR CHILD CARE LEAVE

1	Name of Employee	
2	PF / Emp.No	
3	Designation / Station	
4	Date of Appointment	
5	No of Days of CCL so far availed	
6	No of Days of CCL now applied / with date	
7	Name of the child to be taken care of and state whether it is first or second child	
8	No of Spells availed during current year	
9	Address during leave	
10	Contact Phone no.	
11	Date of Birth and age of the child	
If the Employee is having less than 2 yrs of service, the following details are to be furnished		
12	Special circumstance warrants CCL (Documentary Proof should be enclosed)	

Station:

Date:

Signature of the Employee

Certificate to be furnished by the Supervisory Official.

13	Whether the child's name is available in the Family Composition declarations of Employee	
14	Whether the child is first or second	

Verified the details furnished vide Col.1 to 14 with office records and found to be correct.

Station:

Date:

Signature of the Supervisory

Details to be furnished by the Bill clerk of PB/Leave maintain Staff

No of Days of CCL availed up to 31 st December of last year	
No of Days of CCL availed during the current calendar year	
No of Spells availed during the Current calendar year	

Station:

Date:

Signature of the Bill Clerk

Verified the above details which are found to be correct and the employee is entitled for CCL as applied for

Date:

Signature of the Ch.OS with Seal