**CSIR FORM 4B**

**CSIR - CROPS RESEARCH INSTITUTE**

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**APPLICATION FOR PART LEAVE**

**PART I (TO BE COMPLETED BY APPLICANT)**

1. Name: ......................................................................................................................................................................
2. Rank: ........................................................................................................................................................................
3. Purpose of Part Leave: ……………………………………….......................................................................................
4. Division / Section: ................................................................... Station: ...................................................................
5. Home Town: ….........................................................................................................................................................

6. Date of First Appointment: ....................................…………………..…………………………….................................

7. Annual Leave Entitlement: ...............................…………………..…………………………….....................................

8. Total Leave Already Enjoyed During Current Year:…………………..…………………………….....…………………

9. No. of Days Applied for: ………………………............... Date Leave Commences: ………………………………….

10. Address / Phone Number while on Leave: …………………………..……………………………………………………

Signature: ........................................................................ Date: .......................................................................

**PART II (Recommendation and remarks by Head of Division / Section)**

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Date: ........................................…. Signature: …………………………..………… Rank: …………………………….

Duties will be taken over by: ......................................................................................………………………………………

Signature of Officer taking over: ………………………………………………… Rank: ……………………………..…….

**PART III (Remarks of Forwarding Officer)**

Approval is given for you to proceed on ………………………………………………… working days leave with effect from …………………………….……………… Your leave expires on ………………………………………...…..……….. and you are to resume duty on ………………………………………… Leave days outstanding is ……………………

Sign: ………………………………….…… Date: ...................................

(Clerk-in-charge (registry)

Sign: ………………………………………… Date: ...................................

(Head of Admin. / Human Res. Division)

**APPLICATION FOR PART LEAVE**

**PART IV (DETACH FOR APPLICANT)**

Please be informed that you are to resume for duty on the ..............................................................................................

Your leave days outstanding is ………………………………………………………………………………………………….

Prof./Dr./Mr./Mrs./Ms: ..................................................................... Sign: ....................................................

(Head of Administration / Director)

Division / Section: ...........................................................................

Station: ...........................................................................................