FORM 1

(SEE RULE 14)

Name Of Establishment FUTURE ENTERPRISES COMPANY

Name of Employee ..... Date of E MONTH JULY.2022

ME OF EMP.	CASUAL OR SICKNESS LEAVE					PRIVILEGE LEAVE					Total of Leaves	Balance at the end of the year
	Amount of Leave Requested	Date of Application If any	Leave Availed		Total Leave Availed	Date of Application	Whether Application granted or refuses fully or partially	Leave Availed		Total Leave Availed		
			From	To				From	To			
TYAWAN										NIL		6
OHAN CHAND										NIL		6
IVAM										NIL		4
VI KANT										NIL		5