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FORM 1

(SEE RULE 14)

Name Of Establishment FUTURE ENTERPRISES COMPANY

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

OF EMP.	CASUAL OR SICKNESS LEAVE					PRIVILEGE LEAVE						
	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	Total of Leaves	Balance at the end of the year
			From	To				From	To			
AWAN										NIL		8
N CHAND										NIL		8
M										NIL		4
KANT										NIL		7