

FORM 1

(SEE RULE 14)

Name Of Establishment **FUTURE ENTERPRISES COMPANY**

Name of Employee **AS PER LIST**

MONTH **OCT.2022**

| 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 | | Date of Application | Whether Application granted or refuses fully or partially | Leave Availed | | | |
| | | | From | To | | | From | To | | |
| WAN | | | | | | | | | NIL | 11 |
| CHAND | | | | | | | | | NIL | 11 |
| | | | | | | | | | NIL | 4 |
| ANT | | | | | | | | | NIL | 10 |
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