Form M

Rule 20(4)

Register of Leave

Name of the employer or the establishment :
Name of the employee :
Description of the department (if applicable) :
Date of entry into service :

Accumulation of leave		Leave allowed		Payment for leave made on			Refusal of leave			Payment for leave on discharge of an employee quitting employment if admissible				
Leave due on	No. of days	From	To	Balance of leave carried over	1st Moiety	2nd moiety	application	Date of refusal	Amount of leave refusal	Date of discharge	Date and amount paid	Signature or left hand thumb impression of employee	Signature or thumb impression of employee in receipt of Leave Book in Form N and Date.	Remarks
1	2	3		4	5		6			7			8	9