# FORM "N" RE

## [SEE R

Name of the Employer
or the Establishment :
**Description of the department:**
**(if applicable)**_____

| Accumulation of Leave | | | Leave Allowed | | Balance of Leave carried over | | Payment mad |
|---|---|---|---|---|---|---|---|
| Leave due on | No. of days | | From | To | | | 1st moiety |
| | AL | SL | | | AL | SL | |
| Opening Balance | | | | | | | |
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