

PRESCRIBED FORMAT FOR GRANT OF MATERNITY/PATERNITY LEAVE
(To be forwarded by SSE office/Section In-charge)

I would like to availed Maternity/Paternity Leave for a period ofdays
from.....to(i.e. within 06 months as per extent rules)

1. Name of the employee
2. Name of wife/husband as the cases may be.....
3. Designation.....
4. T/No.....
5. Place of work.....
6. No of surviving children.....
7. Date of delivery of the child for whom Leave applied.....
8. Medical Doctor's Certificate to be enclosed.....

In view of the above, kindly sanction my maternity/paternity Leave as applied for,
and oblige.

Enclosures-

Dated.....

Signature of the employee

(Remarks of the competent authority for grant of maternity/paternity Leave)

Sanctioned/Not sanctioned**

Signature of the competent authority

(Note – In case the Leave is not sanctioned**, necessary remarks may please be
record by the leave sanctioning authority).