

OFFICE OF THE SILIGURI PRIMARY SCHOOL COUNCIL

STATEMENT OF LEAVE OF TEACHERS

Name of Circle : _____ Name of School : _____

Address : _____ Date of Appointment : _____

Memo No. _____ Dated: _____

	Kind of Leave	Leave earned from 7.11.66 or from the date of appointment after 7.11.66	Leave already enjoyed from 7.11.66 to date prior to the date of proceeding on present leave	Leave at credit on the date of prior to the date of commencement of present Leave	Period of leave now applied for From _____ To _____	Recommendation of the Circle Inspecting Officer
1. a) Half-pay leave (on private affairs / medical ground)						
b) Commuted leave (on medical ground only)						
2. Maternity leave						
3. Extra-ordinary Leave						

- Notes:-
1. In case of Half-pay or Commuted leave, col 3 requires to be filled in invariable against both the items 1 (a) and (b)
 2. Half-pay leave @30 and 20 days for each completed year of service is earned respectively by a permanent and a temporary (who has not completed 2 years of service) teachers.
 3. Commuted leave not exceeding half the amount of half-pay leave may be granted on medical grounds only.
 4. In case of maternity and extra-ordinary leave cols 2 & 4 respectively are not applicable.

Certified that

- 1) All kinds of leave sanctioned previously in favour of teacher, if any, have been entered in his / her Service Book.
- 2) There are reasons to believe that the teacher will return to duty after expiry of his/her leave.

Sub-Inspector of Schools _____

_____ Circle