

A.P. Shops & Establishments Rules, 1990

FORM XXV

[See Rule 29(6)]

Register of Leave

Name of the Establishment / Shop

Name of the employee :

Address :

Father's / Husband's Name:

Registration No.

Date of appointment :

Date of application	Applied from	To	No. of Days	No. of Days to which the employee is entitled	Leave granted from	To	No. of days	Balance	If refused in part or full From	To	No. of Days	Reasons	Signature of Employee	Signature of Employer
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)

Sick Leave (Same as the statement for leave with wages).

Casual leave (Same as the statement for leave with wages).