

**FORM 26**  
**(see Rule 149)**

**LEAVE BOOK**

Factory : -

Name of Worker : -

Department : -

Father's Name : -

Sl. No.	Serial Number in the register of adult/ child workers	Date of entry into service	Interruptions					Leave due with effect from	Whether leave not desired during the next 12 months	Date from which the worker is allowed leave	Wages for leave paid in	Discharged worker		Remarks
			Sickness and accident	Authori- -sed leave	Lockout or legal strike	Involuntary unemployment	Others					Date of discharge	Date and amount of payment made in lieu of leave	
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15

Note :- The leave book shall be made out separately for each worker on thick bonds sheets.

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(Signature of  
Manager)