

SPECIAL DISABILITY LEAVE

DETAILED CHECK LIST OF FORM No. II

- 1) Column 1, 2, and 3 correct as per Service Book/Pay bill
- 2) Col. 4 – Verify Detailed Accident report in case of accidents involving vehicles in Operation and report of immediate supervisory officer in other cases
- 3) Col. 5- Legal heirs as per nomination to PF /DCRG or Enquiry report of Tahsildar. In cases of dispute rely on succession Certificate.
- 4) Col.6 – Rounded to years, as per Service Book.
- 5) Col. 7-. Remarks of immediate supervisory officer or Enquiry Officer on all the 3 points to be obtained / relied upon and specified in the form.
- 6) Col. 8 – Figures to be obtained from Accounts and tallied with the figures as per Advance Register or Compensation register.

Part III

- 7) Col. 1. As per Detailed report or enquiry report
- 8) Col.2 a). Whether the employee has earned attendance on the date of accident
 - b) Whether he has availed C/L or C/off on any day while under treatment.
 - c) Whether any of the days under treatment is his W/off day or holiday.
 - d) Period to be specified in total no. of days to avoid variation.
- 9) Col.3
 - a) Whether Medical Certificate covers the entire period of leave applied for
 - b) If the party has been removed to another hospital for further treatment, whether the report of reference of the first Doctor has been obtained and attached with Medical Certificate.
 - c) Is the Medical Certificate from the hospitals where he under went treatment
 - d) Is the Medical Certificate duly signed and sealed.
 - e) Is the name of the employee and age correct as per Service Book and Col.1 above?
 - f) If the treatment was in any private hospital on special grounds, whether certificate of authorized medical attendant /Director of Health Services (as the case may be) has been produced.
 - g) Whether the nature of illness mentioned in the Medical Certificate differs from that stated in the enquiry report.

- 10) Col.4 a) Whether Fitness Certificate is issued by the same hospital.
- b) Whether it is duly signed and sealed
- c) Whether the date of Fitness Certificate fully covers leave applied for.
- 11) Col.5. Date of first duty/attendance after leave as per service book/attendance register.
12. Col.6 a) Has the employee continued on eligible leave after the date of fitness certificate
- b) Nature of eligible leave applied for /granted as per attendance Register/Service book for the period
- 13) Col. 7 See item 8 a, b and c. Whether duty/holiday/weekly off prefixed to the period of Special disability leave , weekly off/holiday/duty falling at the commencement of treatment due to inquiry can be excluded from the period of leave to be sanctioned permitting to prefix such days.
- 14) Col.8 -Whether eligible leave has already been granted to regularize attendance for the period he was under treatment. If so whether nature of leave, date of commencement, Date of termination and total period (in days) in respect of each kind of leave have been specified
- 15) Col.9- Whether the period of SDL recommended coincides with the periods mentioned under items 8, 9 and 14 above and whether the period under item (13) has been excluded.
- 16) Whether signature and name of Supdt. (Estt) is given and whether Unit and date is specified.
- 17) Whether signature and name of Supdt.(Audit) (E) is given with date.
- (For Chief Office)
- 18) Whether signature and seal of the unit Officer and date is given.

CONCISE CHECK LIST FOR SPECIAL DISABILITY LEAVE

(Each entry in the application shall be checked with corresponding note in detailed check list and tick-marked at the corresponding number in this list in token of satisfactory verification and prevent omissions strike out that which is not applicable.)

Name of Applicant:

Designation:

Unit.

Sl.No.

1	8 d	11
2	9 a	12 a
3	9 b	12 b
4	9 c	13
5	9 d	14
6	9 e	15
7	9 f	16
8 a	9 g	17
8 b	10 a	18
8 c	10 b	

Certified that the claim of the above applicant for the period from (date).....to (date)..... has been verified and found correct and complete. Special Disability Leave fordays may be granted.

Unit

Date.

Signature/Supdt.Estt.

Verified and found correct.....days admissible.

Date:

Signature/Supdt. Audit (E)

Recommended / Sanctioned.

Date:

Seal

Unit Officer.

ANNEXURE – I (FORM – II)

**Application for granting benefits of Special Disability Leave Under Rule 97 PART-I
KSR in lieu of compensation**

1. Name.
2. Designation class of employee.
3. Specify (Regular/W, thro'PSC, Provl: thro'
Employment Exchange/ Strike in 10/85 or CIR)
4. Unit (where accident occurred)
5. Legal Heirs (with full House address) in the case of death.
6. Total length of service
7. Whether the injured employee is responsible for the
accident /violated any safety regulations/under influence of
intoxication
8. Whether the employee has been given interim relief
(specify date and amount).
Rs.....on.....

PART - III

1. Date of accident
2. Period for which the employee abstained from Total No. of days.....
Duty in connection with the accident from..... to.....
3. Period covered by Medical Certificate Total No. of days.....
From.....to.....
4. Date of Fitness Certificate.
5. Date of rejoining duty
6. Whether any eligible leave has been suffixed
to the period covered.
7. Admissible period of duty, D/off, W/off, Holiday
Within the period mentioned (2) above

8. Nature of leave sanctioned for the period at (2) above

a) Casual Leave/C/Off..... c) HPL/NDL

b) FPL/CTDL..... d) LWA.....

9. Period of special Disability leave recommended Total No. of days.....

From..... To.....

Unit.

Date:

Signature &
Name of Supdt. (Estt,)

Verified with original records and found correct. Column (8) of Part I /II includes all the amounts received by him towards interim relief in connection with this accident, to be recovered from his disability leave salary.

Date:

Signature &
Name of Supdt.(Audit)

Recommended / Sanctioned

Date up to and including the date.....

UNIT OFFICER.

(Strike out that which is not applicable)

APPLICATION FORM

1. Name of employee.
2. Designation.
3. Office.
4. Date of accident.
5. Whether any interim relief received in connection with the accident. :

Place:

Date: Signature of the employee.

OPTION - I

I.....(name ,designation and unit) hereby opt for the benefits of Special Disability Leave under Rule 97 pf the Kerala Service Rules in lieu of compensation admissible under the Workmen’s Compensation Act 1923 since the benefit under KSR is more beneficial to me.

Place:

Date: Signature of the employee.

Counter signed.

Unit Officer.

OPTION --II

I.....(name ,designation and Unit) here by opt for the compensation under the workmen’s Compensation Act 1923 in lieu of special disability leave under Rule 97 of the KSR since the benefit under the Workmen’s compensation Act is more beneficial to me.

Place:

Date: Signature of the employee.

Counter signed.

Unit Officer.