


**CHIP Training and Consulting (Pvt) Ltd**  
**LEAVE APPLICATION FORM**

**SECTION 1: APPLICANT'S DETAILS**

Employee Name: <u>Khuram Shaiqeel</u>	Designation: <u>Project HR Officer</u>
Department: <u>HR</u>	

**SECTION 2: DETAILS OF LEAVE**


<b>Type of Leave Applied for (Tick in appropriate box)</b>			
Annual	Casual <input checked="" type="checkbox"/>	Medical	Maternity
Without Pay	For Compensatory Leave use relevant form		
Number of Days Leave Applied for <u>Two</u>			
First Day of Leave (Date) <u>18-July-2024</u>			
Last Day of Leave (Date) <u>19-July-2024</u>			
Half Day Leave (Time) : From _____ To: _____			
Reason for Leave: <u>Death of my Uncle</u>			
Contact During Leave Period	Phone:	<u>03474100796</u>	
	E-mail:	<u>Khuram-shaiqeel@chipconsulting.org</u>	
	Physical /		
Signature of the Employee			
Date of Application			

**SECTION 3 : LEAVE RECORD,**

Total Accrued Leaves as of today(July-24)	Leaves availed till date	Leave Balance	(No) # of Leaves Requested	Net leave balance after leave applied for
<u>16</u>	<u>1</u>	<u>15</u>	<u>2</u>	<u>13</u>

Verified by: \_\_\_\_\_  
HR/Admin Officer

Endorsed by:   
Supervisor

Approved by:   
Director

Note: Employee must complete Section 1 & 2 of this form and forward to Administration department for further action. Administration Department will complete Section 3 and forward to the relevant department head, get it approved and keep in office records.