

CHIP Training and Consulting (Pvt) Ltd
LEAVE APPLICATION FORM-PTPP Project

SECTION 1: APPLICANT S DETAILS	
Employee Name	Muhammad khan
Designation	Tcsp
CNIC No.	21107-8051650-1
District/UC	Bajaur
Leave application date	2-5-2020

SECTION 2: DETAILS OF LEAVE	
Reason of Leave Applied for (Tick in appropriate box)	
<input type="checkbox"/> Hajj	<input type="checkbox"/> Umrah/Ziarat
<input type="checkbox"/> Chillah, Tableegh, Ehtikaf	<input type="checkbox"/> Christmas, Diwali
<input type="checkbox"/> Study/Exams	<input type="checkbox"/> Maternity
<input type="checkbox"/> Family Wedding	<input type="checkbox"/> Self-Wedding
<input type="checkbox"/> Immediate Family Death	<input type="checkbox"/> Self-Sick Leave
<input checked="" type="checkbox"/> Immediate Family-Sick Leave	<input type="checkbox"/> Accident/Sickness-while at work
<input type="checkbox"/> Accident/Sickness-while not at work	<input type="checkbox"/> Emergency Leave
<input type="checkbox"/> Vacations	<input type="checkbox"/> Others
Number of Days Leave Applied for. 1 Days	
Leave start date: 4-5-2020	Leave end date: 4-5-2020
<u>OIC Name and designation:</u>	
Employee signature: Muhammad khan	Date: 2/5/2020
PEO endorsement:	Date:
PTL endorsement: For more than Two weeks	Date:
CTC final approval:	Date:

CTC Remarks, if any _____