

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

SECTION 1: APPLICANT'S DETAILS	
Employee Name	Hazrat umer
Designation	UCPO
CNIC No.	21601-1013078-1
District/UC	Upper Orakzai Chaper ali khel
Leave application date	01/06/2020

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 type="checkbox"/> Immediate Family-Sick Leave	<input type="checkbox"/> Accident/Sickness-while at work
<input type="checkbox"/> Accident/Sickness-while not at work	<input checked="" type="checkbox"/> Emergency Leave
<input type="checkbox"/> Vacations	<input type="checkbox"/> other
Number of Days Leave Applied for – Three days	
Leave start date – 01/ 06 /2020	Leave end date -01 /06/2020
OIC Name and designation: Hazrat umer UCPO.	
Employee signature: hazratumer _____	Date: 01/06/2020
PEO endorsement: <i>Approved &amp; Forwarded To CTC</i> <i>DR. FAUSAD</i>	Date: <i>01/06/2020</i> <i>SAE</i>
PTL endorsement: _____ For more than Two weeks	Date: _____
CTC final approval: _____	Date: _____