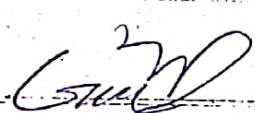
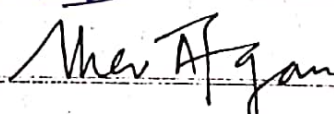


CHIP Training and Consulting (Pvt) Ltd

LEAVE APPLICATION FORM-PTPP Project

SECTION 1: APPLICANT'S DETAILS	
Employee Name	Guil Rehman
Designation	UCPO
CNIC No.	21707-1030659-3
District/UC	SWTD Taji Khatallah
Leave application date	15- 06 -6-2020

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"/> Others
Number of Days Leave Applied for <u>Two days</u>	
Leave start date <u>15/6/2020</u>	Leave end date <u>16/6/2020</u>
OIC Name and designation:	
Employee signature: <u></u>	Date: <u>15/6/2020</u>
PEO endorsement: <u></u>	Date: <u>15/06/2020</u>
PTI endorsement: For more than Two weeks	Date:
CTC final approval:	Date:

CTC Remarks, if any _____

NOTE: Leaves during campaign days are NOT allowed