|  |  |
| --- | --- |
| **SECTION 1: APPLICANT’S DETAILS** | |
| Employee Name | Shahid Ali |
| Designation | UCPO |
| CNIC No. | 43203-7373704-3 |
| District/UC | Larkana/Mahar Wada |
| Leave application date | 06/07/2020 |

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| **SECTION 2: DETAILS OF LEAVE** | | | | | | | | | | | | | | | |
|  | Reason of Leave Applied for (Tick in appropriate box) | | | | | | | | | | | | | | |
|  |  | Hajj | | |  | | |  | | | | | | Umrah/Ziarat | |
|  | | | | | | | | | | | | | | | |
|  |  | Chillah, Tableegh, Ehtikaf | | | |  | | | |  | | | | Christmas, Diwali | |
|  | | | | | | | | | | | | | | | |
|  |  | Study/Exams | | | |  | | | |  | | | Maternity | | |
|  | | | | | | | | | | | | | | | |
|  |  | | Family Wedding | | |  | | | |  | | | Self-Wedding | | |
|  | | | | | | | | | | | | | | | |
|  |  | | Immediate Family Death | | |  | | | |  | | | Self-Sick Leave | | |
|  | | | | | | | | | | | | | | | |
|  |  | | | Immediate Family-Sick Leave | |  | | |  | | | | Accident/Sickness-while at work | | |
|  | | | | | | | | | | | | | | | |
|  |  | | | Accident/Sickness-while not at work | |  | | |  | | | | Emergency Leave | | |
|  | | | | | | | | | | | | | | | |
|  |  | | | Vacations | | |  | |  | | | Others | | | |
|  | | | | | | | | | | | | | | | |
| Number of Days Leave Applied for | | | | | | | | | | | | | | | |
| Leave start date 06/07/2020 | | | | | | | | | | | Leave end date 06/07/2020 | | | | |
| OIC Name and designation: UCPO Sajiddudin Soomro UC Purano Abad. | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
| Employee signature:Shahid Ali\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | Date:06-07-2020\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| PEO endorsement:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| PTL endorsement:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  For more than Two weeks | | | | | | | | | | | | | | | Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| CTC final approval:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

CTC Remarks, if any \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**NOTE: Leaves during campaign days are NOT allowed**