|  |  |
| --- | --- |
| **SECTION 1: APPLICANTS DETAILS** | |
| Employee Name | MUHAMMAD MAROOFUSSAIN |
| Designation | UCPO |
| CNIC No. | 42101-5769903-9 |
| District/UC | UC-5 BAWANI CHALI SITE TOWN WEST |
| Leave application date | 22-07-2019 |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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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 | Yes | |  | |  |  | Maternity | |
|  |  | | | | | | | | | | | | |
|  | |  | |  | Family Wedding |  | |  | |  |  | Self-Wedding | |
|  |  | | | | | | | | | | | | |
|  | |  | |  | Immediate Family Death |  | |  | |  |  | Self-Sick Leave | |
|  | C | | | | | | | | | | | | |
|  | |  | |  | 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 4(SPECIFIED DATES) | | | | | | | | | | | | |
| Leave start date 18,19 & 25 July 2020 | | | | | | |  | | Leave end date: 28-July-2020 | | | | |
|  | OIC Name and designation: | | | | | | | | | | | | |
|  |
|  |
|  |
|  | Employee signature:\_\_\_\_\_Maroof Hussain\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | Date: \_21-07-2019\_ |
|  | 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**