



CHHP Training and Consulting (Pvt) Ltd

LEAVE APPLICATION FORM-PTPP Project

SECTION 1: APPLICANT'S DETAILS	
Employee Name	MUHAMMAD ZAHED
Designation	UCPO
CNIC No	12101-2001070-3
District/UC	D J Khan (MURYALI)
Leave application date	12-07-2020

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"/> Chullah, Tabligh, 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 _____	
Leave start date 12-07-2020	Leave end date 13-07-2020
OIC Name and designation _____	
Employee signature:	Date: 13-07-2020
PEO endorsement:	Date: 18-07-2020
PIL endorsement: _____ For more than Two weeks	Date: _____
CTC final approval _____	Date: _____

CTC Remarks, if any _____