

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

SECTION 1: APPLICANT'S DETAILS	
Employee Name	ISHFAQ AHMAD
Designation	UC Polio officer
CNIC No.	17301-7516739-1
District/UC	Peshawar - Sarband
Leave application date	29/8/2020 -

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	01
Leave start date	20/8/2020
Leave end date	20/8/2020
OIC Name and designation:	
Employee signature: _____	Date: 20/8/2020
PEO endorsement: _____	Date: _____
PTL endorsement: _____	Date: _____
For more than Two weeks	_____
CTC final approval: _____	Date: _____

CTC Remarks, if any _____