

CIHP Training and Consulting (Pvt) Ltd

LEAVE APPLICATION FORM-PTPP Project

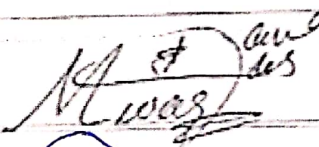
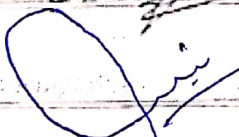
SECTION 1: APPLICANT'S DETAILS	
Employee Name	Muhammad Waqas Ahamad
Designation	LLCPO
CNIC No.	12103-9557957-9
District/UC	Dera Ismail Khan / Begwani Humali
Leave application date	23-10-20

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"/> Chulsi, Tabeegh, Ehtikal	<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 checked="" 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 type="checkbox"/> Emergency Leave
<input type="checkbox"/> Vacations	<input type="checkbox"/> Others

Number of Days Leave Applied for _____

Leave start date 23-10-20 Leave end date 24-10-20

OIC Name and designation: _____

Employee signature: 	Date: <u>23-10-20</u>
PFO endorsement:  23/10/20	Date: _____
PH endorsement: _____ <small>For more than Two weeks</small>	Date: _____
CTC head approval: _____	Date: _____

CTC Remarks, if any _____

NOTE: Leaves during campaign days are NOT allowed