

## Leave Application Form

To

The UIPEC Chairman

SUBJECT: Application for (Sick / Medical / Annual / wedding / Maternity / Domestic  
Umrah / Hajj / Emergency) Leave

Note: Circle the type of leave

Respected Sir/Madam,

It is stated that, I Cem working as UCPO  
in union council Hassan Garhi 2 request for leave for a period of  
02 days, starting from 10/6/2019 to 11/6/2019 on account of the  
subject cited above.

Name: Sahibullah Khan

Designation: UCPO

Union Council: Hassan Garhi 2

Comments from UIPEC Chairman: -

The above leave request is hereby Endorsed/Recommended for approval, with the comments that the proposed leave will not affect the objective of the program and planned activities during the requested leave period.

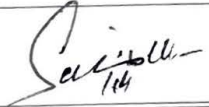
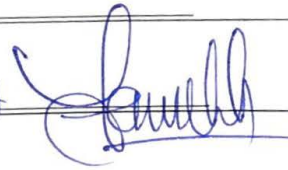
Signature: K. S. Dullat  
31-5-19

Comments of AC/FC/HRO/DHCSO:

Signature: \_\_\_\_\_

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

SECTION 1: APPLICANT'S DETAILS	
Employee Name	SAHIBULLAH KAMAN
Designation	UCPO
CNIC No.	17301-6408297-3
District/UC	Peshawar / Hassan Garhi 2
Leave application date	Leave from 10-11 June 2019 Today is 3-6-2019

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 type="checkbox"/> Emergency Leave
<input type="checkbox"/> Vacations	<input checked="" type="checkbox"/> Others Domestic
Number of Days Leave Applied for : Two days	
Leave start date 10-06-2019	Leave end date 11-06-2019
OIC Name and designation: Maria UCPO	
Employee signature: 	Date: 03-06-2019
PEO endorsement: DR. FARROKH 	Date: 03/06/19.
PTL endorsement: _____ For more than Two weeks	Date: _____
CTC final approval: _____	Date: _____

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

NOTE: Leaves during campaign days are NOT allowed