

SECTION 1: APPLICANT S DETAILS	
Employee Name	Tahir Muhammad
Designation	Union council polio officer
CNIC No.	21703-0636522-7
District/UC	SWTD/Wadan
Leave application date	26-11-2020

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 type="checkbox"/> Emergency Leave
<input type="checkbox"/> Vacations	<input checked="" type="checkbox"/> Others (Court Case Peshi )
Number of Days Leave Applied for One	
Leave start date 27-11-2020	Leave end date 28 -10-2020
OIC Name and designation: Mr. Sher Bad Shah UCPO	
Employee signature: _____ Tahir Muhammad	Date: 26-11-2020
PEO endorsement: <u>Muhammad Afqan</u>	Date: <u>26/11/2020</u>
PTL endorsement: _____ For more than Two weeks	Date: _____
CTC final approval: _____	Date: _____

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