



HAFSA BIBI F
2024 JAN 13
RAZA KHAN DIGITAL X-RAY BARA

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

SECTION 1: APPLICANT'S DETAILS	
Employee Name	Hifsa
Designation	CHW
CNIC No.	17301-3623816-4
District/UC	Peshawar / Sheikhan
Leave application date	14/11/2024

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 checked="" 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: 14	
Leave start date: 14/11/2024	Leave end date: 27/11/2024
OIC Name and designation (every second colleague may be held responsible for job related tasks in case of applicant absence):	
Employee signature & Date: <u>Hifsa</u>	UCOO Approval & Date: <u>[Signature]</u> 14/11/2024
IO endorsement & Date:	UCPO Approval & Date: <u>[Signature]</u> 17/11/24
PTL endorsement: _____ For more than Two weeks	Date: _____
CTC final approval: _____	Date: _____

CTC Remarks, if any _____

NOTE: Leaves during campaign days are NOT allowed