

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

SECTION 1: APPLICANT'S DETAILS	
Employee Name	Mr. Saif Ud Din
Designation	UCPO
CNIC No.	2170747256439
District/UC	SWTD/Gul Kach
Leave application date	18-12-2020

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/Test & Interview	<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 checked="" type="checkbox"/> Vacations	<input type="checkbox"/> Others
Number of Days Leave Applied for, One day	
Leave start date 21-12-2020	Leave end date 23-12-2020
OIC Name and designation: Mr. Usman Khan TCSP	
Employee signature: <u>Saif Ud Din</u>	Date 19-12-2020
PEO endorsement: <u><i>Mr. Usman Khan</i></u>	Date: <u>19/12/2020</u>
PTL endorsement: _____ For more than Two weeks	Date: _____
CTC final approval: _____	Date: _____

CTC Remarks, if any _____

NOTE: Leaves during campaign days are NOT allowed