

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

| SECTION I: APPLICANT'S DETAILS | | | |
|---|-------------|--|---------------------------------|
| Employee Name | Robina Syed | | |
| Designation | | | |
| CNIC No. | | | |
| District/UC | | | |
| Leave application date | | | |
| • | | | |
| SECTION 2: DETAILS OF LEAVE | | | |
| Reason of Leave Applied for (Tick in appropriate box) | | | |
| Hajj | | | Umrah/Ziarat |
| Chillah, Tableegh, Ehtikaf | | | Christmas, Diwali |
| Study/Exams | | | Maternity |
| Family Wedding | | | Self-Wedding |
| Immediate Family Death | | | Self-Sick Leave |
| Immediate Family-Sick Leave | | | Accident/Sickness-while at work |
| Accident/Sickness-while not at work | | | Emergency Leave |
| Vacations | | | |
| Number of Days Leave Applied for. | | | |
| Leave start date. Leave end date. | | | ave end date. |
| • | | | |
| OIC Name and designation: | | | |
| | | | |
| | | | |
| | | | |
| Employee signature: | | | Date: |
| | | | |
| PEO endorsement: | | | Date: |
| | | | |
| PTL endorsement: For more than Two weeks | | | Data |
| 1 OT THOTE HAIT I WU WEEKS | | | Date: |
| | | | |
| CTC final approval: | | | Date: |
| | | | |
| CTC Remarks if any | | | |

NOTE: Leaves during campaign days are NOT allowed



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