** POLIOERADICATION OFFICER**

**DISTRICT MUZAFFAR Garh**

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| **Leave Request** |

**Name: Altaf Hussain Father/Husband Name: Fida Hussain**

**Department: Chip Training & Consulting Designation: UNION COUNCIAL POLIO OFFICER**

**CNIC NO: 32301 Duty Station: K.G Doma**

**Approval is required for leave as indicated below;**

**Date: 25,01,21, or for the period : 25-01-2021 to 30-01-2021**

**No. Of Total Leaves Requested: six Employee Status: Regular ⃝ Contract ⃝**

**PLEASE TICK APPROPRIATE BLOCK:**

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| **Type Of Leave** | | |
| **⃝ Casual Leave** | **⃝ Earned leave** | **⃝ LPR** |
| **⃝ Short Leave** | **⃝ Extra Ordinary Leave** | **⃝ Medical Leave** |
| **⃝ Maternity/ Paternity Leave** | **⃝ Study Leave** | **⃝ Leave X-Pakistan** |
| **⃝ Leave not Due** | **⃝ Disability Leave** | **⃝ Special Leave (Iddit period)** |
| **⃝ Hajj** | **⃝ Umra** | **⃝ Other Leave** |
| **Station Leave Applied ⃝ Yes ⃝ No** | | |

**Reason: Marriage of my younger brother.**

**Supervisor’s Approval: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature of Applicant: Altaf Hussain**

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| **For Office Use Only** |
| **Total leaves Availed so far in this Year:** |
| **Total leaves Availed in this Month:** |
| **Leave Balance: Leave Applied (Days): Leave Authorized (Days):** |

**Leave Sanctioned / Approved⃝ yes⃝ No**

**Reason (if No): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Forwarded By: D.PEO \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Recommended By: A/C \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_**

**Approved By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_**

**Any Remarks: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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