

CHIP Training and Consulting (Pvt) Ltd

LEAVE APPLICATION FORM-PTPP/CBV Project

SECTION 1: APPLICANT'S DETAILS

Employee Name	Shahna3
Designation	CHW
Cell No	17301-1331634-2
District/TA	University Town
Leave application date	20/5/24

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 checked="" 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 type="checkbox"/> Others

Number of Days Leave Applied for: 45 4/7/24

Leave start date: 20/5/24 Leave end date: ~~20/5/24~~

OIC Name and designation (every second colleague may be held responsible for job related tasks in case of applicant absence)

Maryam (CHW)

Employee signature & Date: Shahna3 20/5/24

UCOO Approval & Date: [Signature] 20/5/24

IC endorsement & Date: _____

UCPO Approval & Date: [Signature] 20/5/24

PL endorsement: _____

Date: _____

For more than Two weeks _____

Date: _____

CTC final approval: _____

Date: _____

CTC Remarks, if any _____

NOTE: Leaves during campaign days are NOT allowed