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

SECTION 1: APPLICANT'S DETAILS	
Employee Name	SAFIR ULLAH
Designation	UCPO
CNIC No.	21501-6081986-1
District/UC	Datta Khel II
Leave application date	6/4/022

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	☐	Others

Number of Days Leave Applied for: **3 days**

Leave start date: **6/4/022**   Leave end date: **8/4/022**

OIC Name and designation:

Sibghat ullah ucpo

Employee signature: _(signed)_   Date: _____

PEO endorsement: _____   Date: _____

PTL endorsement: _____
For more than Two weeks   Date: _____

CTC final approval: _____   Date: _____

CTC Remarks, if any _____

NOTE: Leaves during campaign days are NOT allowed