

CHIP Training and Consulting (Pvt) Ltd

LEAVE APPLICATION FORM-PTPP Project

SECTION 1: APPLICANT'S DETAILS

Employee Name	Fazli amtin
Designation	UCPO
CNIC No.	2140709142339
District/UC	Mohmand TD/Asghar
Leave application date	3.09.2019

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, Fitrakat	<input type="checkbox"/>	Christmas, Diwali
<input type="checkbox"/>	Study/Exams	<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 type="checkbox"/>	Vacations	<input checked="" type="checkbox"/>	Others Urgent work

Number of Days Leave Applied for: 1

Leave start date: 6.09.2019

Leave end date: 6.09.2019

OIC Name and designation:

Employee signature: *Fazli amtin*

Date: 03/09/2019

PEO endorsement: *Recommended for Approval Dr.*

Date: 03/09/2019

PTL endorsement:

For more than Two weeks

Date:

CTC final approval:

Date:

CTC Remarks if any