

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

SECTION 1: APPLICANT'S DETAILS	
Employee Name	Shamsher Ali
Designation	UC PO
CNIC No.	1101-4195339-3
District/UC	Bannu (Domel)
Leave application date	11/09/2019

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, Ehtikaf	<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 checked="" 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	
Leave start date	11/09/2019
Leave end date	12/09/2019 (2 day)
OIC Name and designation:	
Employee signature: <u>Shamsher Ali</u>	Date: 11/09/2019
PEO endorsement: <u>[Signature]</u>	Date: 11/09/2019
PTL endorsement: <u>[Signature]</u>	Date: _____
For more than Two weeks	Date: _____
CTC final approval: _____	Date: _____

CTC Remarks, if any _____