

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

SECTION 1: APPLICANT'S DETAILS	
Employee Name	Shams Ul Qamar
Designation	UCPO
CNIC No.	21405-7213376-7
District/UC	Mohmand/ Masood
Leave application date	14/04/2019

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 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 15th April 2019	Leave end date 15th April 2019
OIC Name and designation:	
Employee signature: <u><i>Shams</i></u>	Date: <u>14/04/19</u>
PEO endorsement: <u>Recommended &amp; Approved MHA</u> <u>Dr. M. Saleem</u>	Date: <u>14/04/19</u>
PTL endorsement: _____ For more than Two weeks	Date: _____
CTC final approval: _____	Date: _____

CTC Remarks, if any \_\_\_\_\_

**NOTE: Leaves during campaign days are NOT allowed**