

CHIP Training and Consulting (Pvt) Ltd

LEAVE APPLICATION FORM-PTPP Project

SECTION 1: APPLICANT'S DETAILS	
Employee Name	Sajid Hussain Bangash
Designation	TCSP
CNIC No.	2130322454217
District/UC	Upper Kurram
Leave application date	March 13,2020


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 checked="" 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 **Five (5) days**

Leave start date **March 17,2020**

Leave end date **March 21,2020**

OIC Name and designation: Jauhar Ali TCSP

Employee signature: 

Date, March 13,2020

PEO endorsement: 

Date: **15-03-2020**

PTL endorsement: _____

For more than Two weeks

Date: _____

CTC final approval: _____

Date: _____