
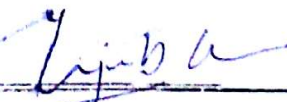


SECTION 1: APPLICANT'S DETAILS	
Employee Name	ASAD KHAN
Designation	UCPO
CNIC No.	16202-9438684-5
District/UC	SWABI
Leave application date	3-3-2020

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, Elufkaf	<input type="checkbox"/> Christmas, Diwali
<input type="checkbox"/> Study/Exams	<input type="checkbox"/> Maternity
<input type="checkbox"/> Family Wedding	<input checked="" 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
Number of Days Leave Applied for	06
Leave start date 23-3-2020	Leave end date 28-3-2020
OIC Name and designation:	
Employee signature: 	Date: 3-3-2020
PEO endorsement: 	Date: _____
PTL endorsement: _____ For more than Two weeks	Date: _____
CTC final approval: _____	Date: _____

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


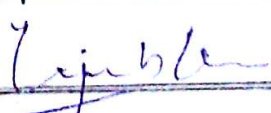
NOTE: Leaves during campaign days are NOT allowed



# CHIP Training and Consulting (Pvt) Ltd

## LEAVE APPLICATION FORM-ITPP Project

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Employee Name	ASAD KHAN
Designation	UCPO
CNIC No.	16202-9438684-5
District/UC	SWABI
Leave application date	3-3-2020

SECTION 2: DETAILS OF LEAVE	
Reason of Leave Applied for (Tick in appropriate box)	
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<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 checked="" type="checkbox"/> Others
Number of Days Leave Applied for <span style="float: right;">06</span>	
Leave start date <span style="float: right;">23-3-2020</span>	Leave end date <span style="float: right;">28-3-2020</span>
OIC Name and designation:	
Employee signature: 	Date: 3-3-2020
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**