

SECTION 1: APPLICANT'S DETAILS

| | |
|------------------------|-----------------------------|
| Employee Name | MUBASHER HASSAN |
| Designation | Union Council Polio Officer |
| CNIC No. | 12102.8724973.9 |
| District/UC | Dera Ismail Khan/Hathalla |
| Leave application date | 08/6/20 |

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 checked="" 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: 01

Leave start date: 08/6/2020

Leave end date: 8/6/2020

OIC Name and designation

Employee signature: Mubasher Hassan

Date: 8/6/20

PEO endorsement: Dr. Nisar

Date: 8/6/20

PTL endorsement: _____

For more than Two weeks

Date: _____

CTC final approval: _____

Date: _____