

CHIP Training and Consulting (Pvt) Ltd

LEAVE APPLICATION FORM-PTPP Project

SECTION 1 APPLICANT'S DETAILS	
Employee Name	Muhammad Rafiq
Designation	UCPO
CNIC No.	21201-7002075-1
District/UC	Khyber / Mithood / A / Khyber / Mithood - A
Leave application date	03/09/2020

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 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 _____	
Leave start date 3/9/2020	Leave end date 3/9/2020
OIC Name and designation: _____	
Employee signature:	Date: 02/10/2020
PEO endorsement: _____	Date: _____
PTL endorsement: _____	Date: _____
For more than Two weeks	Date: _____
CTC final approval: _____	Date: _____

CTC Remarks, if any _____