

# CHIP Training and Consulting (Pvt) Ltd

## LEAVE APPLICATION FORM-PTPP Project

SECTION 1: APPLICANT'S DETAILS	
Employee Name	Fazal Amin
Designation	UCPO
CNIC No.	2110637541717
District/UC	Lakyan
Leave application date	06/10-/2020

SECTION 2: DETAILS OF LEAVE	
Reason of Leave Applied for (Tick in appropriate box)	
<input type="checkbox"/> Hajj <input type="checkbox"/> Chillah, Tableegh, Ehtikaf <input type="checkbox"/> Study/Exams <input type="checkbox"/> Family Wedding <input type="checkbox"/> Immediate Family Death <input checked="" type="checkbox"/> Immediate Family-Sick Leave <input type="checkbox"/> Accident/Sickness-while not at work <input type="checkbox"/> Vacations	<input type="checkbox"/> Umrah/Ziarat <input type="checkbox"/> Christmas, Diwali <input type="checkbox"/> Maternity <input type="checkbox"/> Self-Wedding <input type="checkbox"/> Self-Sick Leave <input type="checkbox"/> Accident/Sickness-while at work <input type="checkbox"/> Emergency Leave <input type="checkbox"/> Others
Number of Days Leave Applied for :One	
Leave start date :06/10/2020	Leave end date: 07/10/2020
OIC Name and designation:	
Employee signature: Fazal Amin	Date: 6/10/2020_____
PEO endorsement:_____	Date:_____
PTL endorsement:_____	Date:_____
For more than Two weeks	Date:_____
CTC final approval:_____	Date:_____

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



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

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