

CHIP Training and Consulting (Pvt) Ltd

LEAVE APPLICATION FORM-PTPP Project

SECTION 1: APPLICANT'S DETAILS	
Employee Name	GUL HADI
Designation	TCSP
CNIC No.	213014514418-7
District/UC	CENTRAL KURRAM
Leave application date	23 OCT 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 checked="" type="checkbox"/> Emergency Leave
<input type="checkbox"/> Vacations	<input type="checkbox"/> Others
Number of Days Leave Applied for	
Leave start date 23	Leave end date 24
OIC Name and designation:	
Ameen Gul TCSP	
Employee signature: _____ Gul Hadi	Date: ___ 23/10/2020
PEO endorsement: Dr M Tahir _____	Date: ___ 23/10/2020
PTL endorsement: _____ For more than Two weeks	Date: _____
CTC final approval: _____	Date: _____

CTC Remarks, if any _____

NOTE: Leaves during campaign days are NOT allowed