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| --- | --- |
| **SECTION 1: APPLICANT’S DETAILS** | |
| Employee Name | Kamran Zahid |
| Designation | UC/Polio Officer |
| CNIC No. | 37405-9679042-3 |
| District/UC | CT-10 B, Rawalpindi Cantt |
| Leave application date | December26, 2020 |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **SECTION 2: DETAILS OF LEAVE** | | | | | | | | | |
|  | Reason of Leave Applied for (Tick in appropriate box) | | | | | | | | |
|  |  |  | Hajj |  | |  |  | Umrah/Ziarat | |
|  | | | | | | | | | |
|  |  |  | Chillah, Tableegh, Ehtikaf |  | |  |  | Christmas, Diwali | |
|  | | | | | | | | | |
|  |  |  | Study/Exams |  | |  |  | Maternity | |
|  | | | | | | | | | |
|  |  |  | Family Wedding |  | |  |  | Self-Wedding | |
|  | | | | | | | | | |
|  |  |  | Immediate Family Death |  | | * z |  | Self-Sick Leave | |
|  | | | | | | | | | |
|  |  |  | Immediate Family-Sick Leave |  | |  |  | Accident/Sickness-while at work | |
|  | | | | | | | | | |
|  |  |  | Accident/Sickness-while not at work |  | |  |  | Emergency Leave | |
|  | | | | | | | | | |
|  |  |  | Vacations |  | |  |  | Others | |
|  | | | | | | | | | |
| Number of Days Leave Applied for: 01Day | | | | | | | | | |
| Leave start date: December 26, 2020 | | | | | Leave end date: December 26, 2020 | | | | |
| OIC Name and designation: | | | | | | | | | |
|
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|
| SignatureEmployee signature: Kamran Zahid | | | | | | | | | Date: December 26, 2020 |
| PEO endorsement:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| PTL endorsement:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  For more than Two weeks | | | | | | | | | Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| CTC final approval:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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