



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

SECTION 1: APPLICANT'S DETAILS	
Employee Name	HASSAN RAZA
Designation	UCPO
CNIC No.	37405-0350948-5
District/UC	RWP/ BAGSA SHEIKHAN
Leave application date	

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.	01
Leave start date.	30-12-2020
Leave end date.	30-12-2020
OIC Name and designation:	
Employee signature:	Date: 29-12-2020
PEO endorsement:	Date:
PTL endorsement:	Date:
For more than Two weeks	Date:
CTC final approval:	Date:

CTC Remarks, if any _____

NOTE: Leaves during campaign days are NOT allowed