

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

SECTION 1: APPLICANT'S DETAILS

Employee Name	Abdullah
Designation	ICSP
CNIC No.	12101-9640357-3
District/UC	SWTD
Leave application date	20-12-20

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 checked="" type="checkbox"/> Vacations | <input type="checkbox"/> Others |

Number of Days Leave Applied for

Leave start date 21-12-20 Leave end date 25/12/20

O/C Name and designation:

Zia-uddin TTSP

Employee signature: [Signature]

Date: 20-12-20

PEO endorsement: [Signature]

Date: 20/12/2020

PTL endorsement: _____
For more than Two weeks

Date: _____

CTC final approval: _____

Date: _____

CTC Remarks, if any _____