|  |  |
| --- | --- |
| **SECTION 1: APPLICANT’S DETAILS** | |
| Employee Name | Noman Ijas |
| Designation | UCPO |
| CNIC No. | 37405-30454187 |
| District/UC | I-11 CDA ISB |
| Leave application date | 05-01-2021 |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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 |  | |  | \* | Self-Sick Leave | |
|  | | | | | | | | | |
|  |  |  | Immediate Family-Sick Leave |  | |  |  | Accident/Sickness-while at work | |
|  | | | | | | | | | |
|  |  |  | Accident/Sickness-while not at work |  | |  |  | Emergency Leave | |
|  | | | | | | | | | |
|  |  |  | Vacations |  | |  |  |  | |
|  | | | | | | | | | |
| Number of Days Leave Applied for. 01 | | | | | | | | | |
| Leave start date. | | | | | Leave end date. 05-01-2021 | | | | |
| 05-01-2021  OIC Name and designation: | | | | | | | | | |
|
|
|
| Employee signature: Noman Ijaz | | | | | | | | | Date: |
| PEO endorsement:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| PTL endorsement:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  For more than Two weeks | | | | | | | | | Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| CTC final approval:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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

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

