

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

Evaluation Only. Created with Aspose.Words. Copyright 2003-2018 Aspose Pty Ltd.

SECTION 1: APPLICANT'S DETAILS	
Employee Name	SHAMS-UR-REHMAN
Designation	Union Council Police officer (UCPO)
CNIC No.	71561-6793781-9
District/UC	Astore
Leave application date	17-01-2021

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 checked="" 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 type="checkbox"/> Vacations	<input type="checkbox"/>
Number of Days Leave Applied for: _____	
Leave start date. 17-01-2021	Leave end date. 31-01-2021
OIC Name and designation: _____	
Employee signature: <u>Shams-ur-Rehman</u>	Date: 19-01-2021
PEO endorsement: _____	Date: _____
PTL endorsement: _____ For more than Two weeks	Date: _____
CTC final approval: _____	Date: _____