

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

SECTION 1: APPLICANT'S DETAILS	
Employee Name	Abdul Wali
Designation	UCPO
21203.5746229-5	
District/UC	Khyber / Sultankhel A
Leave application date	29/07/2019

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

Number of Days Leave Applied for. 05
 Leave start date. 31/7, 05/8, 09/8, 20/8, 24/8/2019 | Leave end date. 25/08/2019

OIC Name and designation:
 UCPO Maroof Arifude

Employee signature: Abdul Wali 29/7/2019 | Date: 29/07/2019

PEO endorsement: Dr. Ghayasuddin PEO | Date: 30/7/2019

PTL endorsement: _____ | Date: _____
 For more than Two weeks

CTC final approval: _____ | Date: _____

CTC Remarks, if any _____