CHIP Training and Consulting (Pvt) Ltd

LEAVE APPLICATION FORM-PTPP Project

SECTION 1: APPLICANT'S DETAILS	
Employee Name	Gul Zaman
Designation	UCPO
CNIC No.	21301-3037951-9
District/UC	Kurram/ Samanda Hal4
Leave application date	30-8-19

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	☐	Others

Number of Days Leave Applied for

Leave start date 2-9-019 Leave end date 3-9-019

OIC Name and designation: M. Shafiq TCSP

Employee signature: _____ Date: 29/8/2019

PEO endorsement: _____ Date: 30/8/2019

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

CTC final approval: _____ Date: _____

CTC Remarks, if any _____

NOTE: Leaves during campaign days are NOT allowed

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