

CHIP Training and Consulting (Pvt) Ltd

LEAVE APPLICATION FORM-PTPP Project

SECTION 1: APPLICANT'S DETAILS

Employee Name	Khushdil Khan
Designation	UCPO
CNIC No.	11101-5102597-3
District/UC	Bannu - Ue Hindi Khel
Leave application date	19-3-2019

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

Number of Days Leave Applied for _____

Leave start date 19-3-2019 Leave end date 19-3-2019

OIC Name and designation:

Dr. Nazeem Khan
PEO

Employee signature: Khushdil Date: 19-3-2019

PEO endorsement: [Signature] Date: 19/3/19

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