|  |  |
| --- | --- |
| **Date** |  |
| **MR (ID) of Employee** |  |
| **Name of Employee** |  |
| **Father Name** |  |
| **CNIC #** |  |
| **Designation** |  |
| **Employee Status***(select one option)* | **Faculty / Civil / Institutional / MTI-Employee/Constituents** |
| **Type of leave** **(Please tick one)** | 1. Sick Leave
 | 1. Iddat Leave
 |
| 1. Casual Leave
 | 1. Religious Pilgrimage Leave
 |
| 1. Short Leave
 | 1. Leave Preparatory To Retirement
 |
| 1. Earned Leave
 | 1. Leave Without Pay
 |
| 1. Maternity Leave
 | 1. Study / Training Leave
 |
| **Leave Applied For (Days)** |  |
| **Date of availing leave from** |  |
| **Leave availed till date** |  |
| **Reason for the leave applied for** |  |
| **Duty Cover***(Name & signature of employee)* | **Name:­­ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Signature of applicant** |  |

|  |
| --- |
| **FOR OFFICIAL USE ONLY** |
| **Remarks & Signature of Controlling Officer (Head of Unit/Department)** |  |
| **Sanctioning Authority****Dean/Medical Director/Hospital Director/Director Nursing/Director**  |  |