|  |  |  |
| --- | --- | --- |
| **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** |  |