|  |  |
| --- | --- |
| **Please tick one:** | **(Clinical Staff / Non-clinical staff)** |
| **MR (ID) of Employee** |  |
| **Name of Employee** |  |
| **Father’s name** |  |
| **CNIC #** |  |
| **Designation** |  |
| **Employee status***(select one option)* | **Civil / Institutional / Contractual / Daily Wager**  |
| **Substantive Basic Scale** |  |
| **Leave applied for (days)** |  |
| **Type of leave i.e. (EOL/earned leave etc)** |  |
| **Duty Cover** *(Name & signature of employee)* |  |
| **Applicant will be in Pakistan or aboroad** |  |
| **Exact date of availing**  |  |
| **Reason for the leave applied for** |  |
| **Date of first appointment/Transfer to HMC** |  |
| **Total leave availed till date** |  |
| **Signature of applicant** |  |

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| **FOR OFFICIAL USE ONLY** |
| **Remarks of Controlling Officer**  |  |
| **HOD Name & Designation**  |  |
| **Signature**  |  |
| **Medical Director Remarks**  |  |
| **Hospital Director Remarks**  |  |