LEAVE APPLICATION FORM
THQ HOSPITAL HAZRO

Employee Name _____

CNIC No: | | | | | | - | | | | | | | | | - | |

Designation: _____

Nature of Leave: Casual Leave | Short Leave | Full Day Leave / On Meeting | Medical Leave | Earned Leave | Maternity / Paternity Leave

Reason for Leave: _____

No. of days Leave required: _____ From Date: _____ To Date: _____

In my absence, duties will be performed by:

Name	Designation	Signature

Applicant's Signature with date: _____

Note:

1. *Apply for any type of leave at least one day before.*
2. *No leave is allowed without informing .*
3. *Any type of leave is allowed as per Punjab Civil Servant Rules.*

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Type of Leave	Entitle	Availed	Balance
Casual Leave			
Short Leave			
Full Day Leave / On Meeting			
Medical Leave			
Earned Leave			
Maternity / Paternity Leave			
Total			

Department	Status
HR	
IT	
Admin	
Others/_____	

Immediate Manager: _____ **Recommended / Not Recommended**

Head of Department: _____ **Recommended/ Not Recommended**

Medical Superintendent: _____ **Approved/Not Approved**

Comments: _____