

TEHSIL HEADQUARTER HOSPITAL ARIFWALA
LEAVE APPLICATION FORM

Employee's Name: _____ Employee Code: _____

Designation: _____ CNIC NO: _____

Leave Type: **FULL** **SHORT**

From: _____ To: _____ No. of Days (s) / Hours (s): _____

Leave Category:

Casual Earned Maternity Any Other _____

Contact or Address: _____

Reason: _____

Applicant's Signature: _____ Date: _____

OFFICE USE ONLY

Received By: _____ **Date:** _____

Leave Record	Casual / Sick	Earned
Previous Balance		
On This Form		
Current Balance		

SIGNATURE

MEDICAL SUPERINTENDENT: _____ Date: _____

HR & LEGAL OFFICER: _____ Date: _____

Remarks: _____