**University of Management and Technology**

**Sialkot Campus**

**LEAVE APPLICATION FORM**

Employee’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Employee Code:

Designation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Department / Office: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School / Institute: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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|  | Leave Type: | | | | **FULL** | | |  |  |  |  |  | |  | **HALF** | |  |  |  |  | **SHORT** |  |  | |  |
|  | From: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ To: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | No. of Days (s) / Hours (s): \_ \_\_\_\_\_\_\_ \_\_\_\_\_ | | | | | | | |  |
|  | **Leave Category:** | | | |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  | |  |
|  |  | | |  |  | | | |  | |  | | |  |  |  |  |  | | | | | | |  |
|  | Casual /Sick\* |  |  |  | Earned | | | |  |  | Maternity | | |  |  |  |  | Any Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | |  |
|  | **Reason:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | |  |
|  | Applicant’s Signature: | | | |  | | | | | | | |  | Date: | | |  |  |  |  |  |  |  | |  |
|  |  |  |  |  | |  |  |  |  |  |  | |  | |  |  | |  |  |  | |  |  | |  |
|  | Officiating Officer: | | | | | | | | | | Officiating Officer’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | |  |
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|  |  |  |  |  |  |  |  |  |  |  | **RECOMMENDATION** | | | | | | | | | |  |  |  | |  |
|  | **CoD / Immediate In-Charge:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | |  | Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | |  |
|  | **Director Academics:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | **Director Campus:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | |  |  |
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|  |  |  |  |  |  |  |  |  |  |  | **FOR OFFICE USE ONLY** | | | | | | | | | |  |  | |  |  |
|  | **Received By:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | |  |  |  |  |  |  |  | **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |  |
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|  | **Leave Record** | | | |  |  |  |  |  |  | **Casual / Sick** | | |  |  |  |  |  |  |  | **Earned** | | | |  |
|  |  |  | |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  | |  |
|  | Previous Balance | | | |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  | |  |
|  |  |  | |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  | |  |
|  | On This Form | | | |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  | |  |
|  |  |  | |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  | |  |
|  | Current Balance | | | |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  | |  |
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|  | **OHR:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | |  |  | |  |  |  |  |  |  | Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |  |
|  | **Director Campus:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | |  |  |  |  |  |  |  | Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |  |



**Remarks:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*\*In Case of Sick Leave for more than three days, a valid medical certificate must be attached.*

Office of Human Resources