University of Management and Technology

Sialkot Campus

**LEAVE APPLICATION FORM**

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

**Designation:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_

**Knowledge Unit (KU) / University Staff Office (USO):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Leave Type:** Full Half Short

**From:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_ **To:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Number of Days: \_\_\_\_\_\_\_ Hour(s):** \_\_\_\_\_\_\_\_\_\_\_\_

***Note:*** *If any gazette holiday/OFF comes within the requested leaves, will be treated as leave.*

**Leave Category:**

Casual / Sick Annual Maternity Hajj Other

For Maternity Leave, Mention Your Joining Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Reason of Leave:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Applicant’s Signature** **Officiating Officer Name**  **Head KU / Head USO**

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**FOR OFFICE USE ONLY**

|  |  |  |
| --- | --- | --- |
| **Leave Record** | **Casual / Sick** | **Annual** |
| **Previous Balance** |  |  |
| **On this Form** |  |  |
| **Remaining Balance** |  |  |

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

**OHCM**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**RECOMMENDATION/APPROVAL**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Director Campus**

1. *A leave application of seven or more days must be presented at least seven days in advance.*
2. *In Case of Sick Leave for more than three days, a valid medical certificate must be attached.*