



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 gazetted holiday/OFF comes within the requested leaves, will be treated as leave.

Leave Category:

Casual / Sick Annual Maternity Hajj / Umrah Other

Reason of Leave: _____

Applicant's Signature
Date: _____

Officiating Officer
Date: _____

Head KU / Head USO
Date: _____

RECOMMENDATION

Director Academics

Director Campus

FOR OFFICE USE ONLY

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

Remarks: _____

OHR
Date: _____

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.