

KHWAJA FAREED UNIVERSITY OF ENGINEERING & INFORMATION TECHNOLOGY
RAHIM YAR KHAN

LEAVE APPLICATION FORM

Filled By the Applicant:

Employee No. _____

- CL EL Medical Leave Extra-ordinary Other
 Study Leave Sabbatical Maternity Special

Name: _____ Designation: _____

Duration of Leave: From _____ To: _____ No. of Working Days: _____

Reason for Leave: _____

_____ Contact No.: _____

Address while on Leave: _____

Signature: _____ Date of Submission: _____

Recommendation by the Reporting Officer/Head of Department/Departmental Head:

- Recommended Not Recommended

Authorized Signature: _____ Date of Recommendation: _____

Remarks: _____

Data Maintained by Registrar Office:

Employee Leave Register						
<i>Recording/Type</i>	<i>CL</i>	<i>EL</i>	<i>Medical</i>	<i>Maternity</i>	<i>EO</i>	<i>Study</i>
Previous Balance						
Leave Requested						
Remaining						

Remarks: _____ Signature & Date: _____

Approval by the Competent Authority:

- Approved Not Approved

Authorized Signature: _____ Date of Approval: _____