

COMSATS University Islamabad Abbottabad Campus

University Road, Tobe Camp. Post Code 22060 Abbottabad +92-992-383591-6 +92-992-383441

LEAVE APPLICATION PROFORMA

Part: A

Employee Name:					
Designation:			PF #:		
Department/ Place o	of Duty:				
Leave Applied From:		To: _		() Day(s)	
Nature of Leave:	Casual 🔲	Earned	Leave withou	ıt pay 🔲	
In case of more than	05 days leave	cover letter m	ust be attache	d.	
Reason for Leave:					
Address During Leav	re:		10	_	
Contact/Mobile No:					
Applicant Signature		SLAMAB	ND/	Recommended:	
		AMAD	No	t Recommended:	
				Head of Dept/ Section	
	FOR PERSO	NNEL DEPA	RTMET ONLY	<u>'</u>	
Part: B					
LEAVE RECORD					
NATURE OF LEAVE	TOTAL LEA	VES LEA	VE AVAILED	BALANCE LEAVE	
CASUAL LEAVE					
EARNED LEAVE					
FOR APPROVING AUTHORITY ONLY					
Approved: N	ot Approved:		API	PROVING AUTHORITY	