

**SILVER JUBILEE DEVELOPMENT AGENCY FOR PAKISTAN****Leave Application Form**

(Please forward to HR Department)

Name:

Designation

Department

**TYPE OF LEAVE****FROM****TO****No OF DAYS**

Earned

Sick

Casual

Maternity

Unpaid/Absent

Last working Day

Return to work on

Reason For Leave

For Earned Leave Encashment And Advance Salary Only

Encashment For Leave

(No. of days)

Salary Advance

Address (During Leave Period)

Contact Numbers;

Cell:

Telephone:

**SIGNATURE OF APPLICANT****SUPERVISOR'S SIGNATURE****DEPARTMENT HEAD'S SIGNATURE**

Date

Date

**FOR USE OF PERSONNEL RECORDS**

EARNED

SICK

CASUAL

MATERNITY

Total Earned Leave to Employees Credit

Earned Leave Approved For

Encashment Approved For

Balance

Treat Leave With Pay For

From

To

Treat Leave Without Pay For

From

To

**HR DEPARTMENT****HR - HEAD**

DATE

DATE