

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			
Reason For Leave _____		Last working Day	Return to work on _____
For Earned Leave Encashment And Advance Salary Only			
Encashment For Leave	(No. of days) _____		
Salary Advance	_____		
Address (During Leave Period) _____			
Contact Numbers: Cell: _____		SIGNATURE OF APPLICANT	
Telephone: _____			
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 _____	