

# Minhaj Education Society (MES) Pakistan.

Aghosh Complex, Civic Centre, Township, Lahore.



## LEAVE FORM

Applicant's Name: \_\_\_\_\_ Designation: \_\_\_\_\_

Department: \_\_\_\_\_

Leave Purpose: \_\_\_\_\_

Casual ☒ Medical ☐ Emergency ☐ Substitute ☐ Without pay ☐ Leave is/are required from \_\_\_\_\_ to \_\_\_\_\_ for \_\_\_\_\_ days.

Applicant's Signature: \_\_\_\_\_ Leave form submission date: \_\_\_\_\_

Name of applicant's substitute: \_\_\_\_\_ Substitute's Signature: \_\_\_\_\_

Signature of department Incharge: \_\_\_\_\_

**Note: Leave form must be submitted to the Superintendent Office before Casual/Substitute leave.**

### Leaves record for Superintendent Office:

Casual leave: \_\_\_\_\_ days remaining from \_\_\_\_\_ to \_\_\_\_\_

Medical Leave: \_\_\_\_\_ days remaining from \_\_\_\_\_ to \_\_\_\_\_

Emergency leave: \_\_\_\_\_ days remaining from \_\_\_\_\_ to \_\_\_\_\_

Leave application given for \_\_\_\_\_ day /days for Casual ☐ Medical ☐ Emergency ☐ Substitute ☐ without pay Leave.

### Office Use Only:

Superintendent Signature: \_\_\_\_\_

(Manual data entry)

Coordinator Signature: \_\_\_\_\_

(Computerized data entry)

Casual ☐ Medical ☐ Emergency ☐ Substitute ☐ Without pay Leave/Leaves is/are approved.

Approval date: \_\_\_\_\_

Signature of Director: \_\_\_\_\_