COMSATS Institute of Information Technology, Lahore
LEAVE APPLICATION FORM (LF Ver 1.1)

Name _____ _____ Designation _____

Department _____ Date of Joining _____

Nature of Leave: Casual ☐ Earned ☐ Medical ☐ Any other ☐ Specify _____

From _____ to _____ Total Number of Days _____

Reasons for Leave: _____

Date _____ Signature of Applicant _____

For Official Use Only

Leave Record

Casual Leave		Earned Leave		Other Leave	
Availed	Balance	Availed	Balance	Availed	Balance

Date _____ Signature _____ Designation _____

Recommended /Not Recommended

Date _____ Signature _____ Designation _____

Approved / Not Approved

Date _____ Signature _____ Designation _____

For Admin Branch Use Only

Notification

The Competent Authority has been pleased to grant _____ days _____

to the above named applicant w.e.f _____ to _____.

    This is issued with the approval of the competent authority.

                                           Assistant Registrar (Admin.)

CC:
- ➢ Deputy Treasurer
- ➢ Personal File