

HAYAT ABAD MEDICAL COMPLEX, PESHAWAR



CASUAL LEAVE APPLICATION

1. Name of Applicant _____
2. Fathers name _____
3. Designation _____
4. Casual leave applied (dates): _____
5. Duty cover by (his name & sign) _____ - _____
6. Department /section/unit: _____

Signature of applicant _____

(MR ID) _____

Leave applied for	
Leaved availed (before)	
Leave balance	

Record Keeper _____

7. Remarks of controlling officer _____

Signature _____

8. Sanctioning authority Signature
