



# MTI-HAYATABAD MEDICAL COMPLEX, PESHAWAR

## CASUAL LEAVE APPLICATION

1. Please tick one: (Clinical Staff / Non-clinical staff)
2. Name of Applicant \_\_\_\_\_
3. Father's name \_\_\_\_\_
4. Designation \_\_\_\_\_
5. Employee status Civil / Institutional / Contractual / Daily Wager (select one option)
6. Casual leave applied (dates): \_\_\_\_\_
7. Reason(s): \_\_\_\_\_
8. Duty cover by (his name & sign) \_\_\_\_\_
9. Department /section/unit: \_\_\_\_\_

Signature of applicant \_\_\_\_\_

(MR ID) \_\_\_\_\_

<b>Leave applied for</b>	
<b>Leaved availed (before)</b>	
<b>Leave balance</b>	

**Record Keeper** \_\_\_\_\_

10. Remarks of controlling officer \_\_\_\_\_

Signature \_\_\_\_\_

11. Sanctioning authority Signature

\_\_\_\_\_

Signature \_\_\_\_\_