



HAYATABAD MEDICAL COMPLEX, PESHAWAR

EARNED LEAVE APPLICATION

1. Please tick one: _____ (Clinical staff / Non-clinical staff)
2. Name of Applicant _____
3. Father Name _____
4. CNIC # _____
5. Designation _____
6. Employee status Civil / Institutional / Contractual / Daily Wager (Select one option)
7. Substantive Basic Scale _____
8. Leave applied for (days) _____
9. Type of leave i.e. (EOL/earned leave etc) _____
10. Will the applicant be in Pakistan or leave for abroad _____
11. Exact date of availing From: _____ To: _____
12. Reason for the leave applied for _____
13. Date of first appointment/Transfer to HMC _____
14. Total leave availed till date _____

Signature of applicant _____
(MR No. /Biometric ID) _____

15. Remarks of Controlling Officer

HoD Name _____

Designation _____

Signature _____

Nursing Director remarks _____
(If applicable)

Medical Director remarks _____

Hospital Director remarks _____
(Sanctioning Authority)