



HAYATABAD MEDICAL COMPLEX, PESHAWAR

MEDICAL LEAVE APPLICATION

(For more than 2 days along with prescription)

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. Date of sick leave applied for _____
7. Duty cover by (his name & sign) _____
8. Department /section/unit _____

Signature of applicant _____

(MR No./Biometric ID) _____

Leave applied for	
Leaved availed (before)	
Leave balance	

Record Keeper _____

9. Remarks of controlling officer/Supervisor/HoD

Signature _____

10. Remarks of Human Resource Department

Signature _____

11. Sanctioning authority by Hospital Director/Medical Director

Signature _____