



# HAYAT ABAD MEDICAL COMPLEX, PESHAWAR

## SICK LEAVE APPLICATION

*(For 1 or 2 days only)*

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) \_\_\_\_\_

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

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

9. Remarks of controlling officer

\_\_\_\_\_

Signature \_\_\_\_\_

10. Sanctioning authority signature & stamp \_\_\_\_\_