

**PAKISTAN INSTITUTE OF FASHION & DESIGN, LAHORE**

**LEAVE APPLICATION FORM**

Date: \_\_\_\_\_

<b>Name:</b>							
<b>Designation</b>					<b>Department</b>		
	<b>Day</b>	<b>Month</b>	<b>Year</b>	<b>Total No of Days</b>			
<b>From</b>				<b>Casual</b>	<b>Medical</b>	<b>Compensatory</b> Date(s): _____ _____	
<b>To</b>							
<b>Reason for Leave</b>							
<b>Address During Leave:</b>					<b>Contact Number</b>		
<b>Recommended</b>				<b>Not Recommended</b>			

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Head of Department

<b>FOR OFFICIAL USE ONLY</b>						
Nature of Leave	Due	Availed	Available	Now Applied	Total Balance	Remarks/detail of Compensatory Leave
Casual Leave						Posted in Leave register on Page #____ By: _____
Medical Leave						
Compensatory Leave						
<b>Remarks</b>						

\_\_\_\_\_  
Registrar

\_\_\_\_\_  
Vice-Chancellor