

# The Islamia University of Bahawalpur

## LEAVE APPLICATION

CL  EL  LWP  Other  \_\_\_\_\_

Name:

Designation:

Leave Applied

From	To

Duration:

Days

Reason for Leave:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Address while on Leave:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Leave Account

	CL	EL
Previous Balance		
Leave Applied		
Balance Leave		
_____ Verified by _____ Date		

\_\_\_\_\_  
Employee's Sign

\_\_\_\_\_  
Date

Recommended	Not Recommended

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date

Comments/Remarks (if any): \_\_\_\_\_

Approved

Not Approved

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

\_\_\_\_\_  
Competent Authority