



# WOMEN UNIVERSITY SWABI

(Establishment Section)

## EMPLOYEE LEAVE APPLICATION FORM

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

Name:		Designation:	
Leave Type:	<input type="checkbox"/> Full Day Leave <input type="checkbox"/> Short Leave	Department:	

Full Day Leave: From (date) \_\_\_\_\_ to (date) \_\_\_\_\_ No. of Day(s) \_\_\_\_\_

Short Leave: From (Time) \_\_\_\_\_ to (time) \_\_\_\_\_ Date \_\_\_\_\_

Purpose of Leave: \_\_\_\_\_

Contact address and number during leave period: \_\_\_\_\_

Substitute during leave (Name with sign.) \_\_\_\_\_

Remarks of substitute \_\_\_\_\_

Arrangement for teaching assignment /other duties (detail) \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_

Recommended by HoD/HoS: \_\_\_\_\_

Recommended by Coordinator for Gulo Dheri campus: \_\_\_\_\_

Recommended by Director Academics: \_\_\_\_\_

Recommended by WMO with stamp in case of medical leave \_\_\_\_\_

Recommended by Registrar: \_\_\_\_\_

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

Estb. Office Use
Leave Account: _____
Previous Balance _____
Balance: _____
Verified By : _____

Status	Signature
<input type="checkbox"/> Approved	
<input type="checkbox"/> Not Approved	

