



**GAJJU KHAN MEDICAL COLLEGE /BACHA KHAN MEDICAL COMPLEX
MEDICAL TEACHING INSTITUTE, SWABI**



LEAVE APPLICATION FORM

**Part –I (Particular)
(To be filled by the Applicant)**

Date: _____

HR ID (Please see HRID Card) _____ Name _____

Designation _____ Department _____

Employment Status Civil MTI

Type of leave Applied: Earned Leave Casual Leave Sick Leave Maternity Leave
 Unpaid Leave Hajj/ Umrah Leave Short Leave
 Educational Leave Sabbatical Leave Duty Leave (Only for faculty)

Duration of Leave From _____ To _____ (Total Days _____)

Justification for Leave(mandatory)* _____ Applicant's Sign _____

**Part-II (Entitlement)
(To be endorsed by the HR Department)**

Entitlement: Comments (if any) _____

Leave balance:

Earned Leave _____ Casual Leave _____ Sick Leave _____ Maternity Leave _____
 Education Leave _____ Sabbatical Leave _____ Unpaid Leave _____ Hajj/ Umrah Leave _____

Name & Designation _____ Signed _____

**Part-III (Recommendation)
(To be completed by Immediate Supervisor /HOD)**

Recommended Not Recommended

Reliever's Arrangement: Name _____ HRID _____ Signature _____

Name & Designation (Supervisor/HOD) _____ Signed _____

Part-IV (competent authority, i.e. DEAN, Hospital Director, Medical Director, Nursing Director)

Approved Not Approved

Designation _____ Signed _____

Sanctioned / Approved leave application must be submitted to HR Department.