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The Government
Sadiq College Women
University Bahawalpur Pakistan

Phone No. 062-9250075

LEAVE APPLICATION

CL EL LWP SL OTHER

Name: Designation:

Department: Leave Applied:

Duration:

Reason for Leave: _____

Address While on Leave: _____

Duties	Responsible Person in Absence	Leave Account	
		CL	EL
		Previous Balance	
		Leave Applied	
		Balance Leave	
Verified By Date			

Signature of Responsible Person: _____

Date: _____

Employee's Signature: _____

Date: _____

Recommended	Not Recommended

Head of Department Signature: _____

Date: _____

Approved	Not Approved

Competent Authority's Signature: _____

Date: _____