



DHQ Hospital Hafizabad

LEAVE APPLICATION PROFORMA

Name of Applicant		
Designation with BPS		
CNIC		
Nature of leave		
Address during the leave with cell Number		
Alternate employee during leave period	Name& Designation	Signature

From	To	No. of Days

Purpose of leave	
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Date: _____

Signature of Applicant

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Remarks by Head of the Department/ Section

Recommended/ Not recommended

Sign. Of Head of the Department

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Leave Account (to be filled by the Human Resource Section)

Leave a/c Balance	Current Leave	Remaining Balance	Remarks

Date: _____

Signature of HRO /DI(Leaves)

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Approved / Not Approved

Medical Superintendent

(ONLY MEDICAL SUPERINTENDENT IS THE COMPETENT AUTHORITY TO APPROVE LEAVE)