



**OFFICE OF THE GOVERNMENT SADIQ COLLEGE WOMEN UNIVERSITY
BAHAWALPUR**

Phone No. 062-9250075

LEAVE APPLICATION

CL EL LWP OTHER

Name:

Designation:

Leave Applied:

Duration:

Reason for Leave: _____

Address While On Leave: _____

Leave Account		
	CL	EL
Previous Balance		
Leave Applied		
Balance Leave		
Verified by		
Dated		

Employee's Signature

Dated: _____

Recommended	Not Recommended

Authorized Signature Date: _____

Comments/Remarks (If Any): _____

Approved

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Not Approved

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Date: _____

Competent Authority