



**SHAHEED MOHTARMA BENAZIR BHUTTO TRAUMA CENTRE  
DR. RUTH K.M. PFAU, CIVIL HOSPITAL KARACHI  
Leave Application Form**

Date of Application: \_\_\_\_\_ Date of Joining \_\_\_\_\_

Name of Applicant: \_\_\_\_\_ Employee No.: \_\_\_\_\_

Designation: \_\_\_\_\_ Department: \_\_\_\_\_

<i>Leave Types</i>	<i>Please tick</i>
<b>Annual</b>	<input type="checkbox"/>
<b>Sick</b>	<input type="checkbox"/>
<b>Casual</b>	<input type="checkbox"/>
<b>Accidental/Medical leaves(on duty)</b>	<input type="checkbox"/>
<b>Special leaves/Other Leaves</b>	<input type="checkbox"/>
<b>Unpaid Study leaves</b>	<input type="checkbox"/>
<b>Unpaid Leaves</b>	<input type="checkbox"/>
<b>Compensatory Leave</b>	<input type="checkbox"/>

*\*Compensatory day/date Details:*

*\* Compensatory Hours:* \_\_\_\_\_

Leave No. of Days \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Reason for Leave: \_\_\_\_\_

Reliever during Leave: \_\_\_\_\_ Designation of Reliever: \_\_\_\_\_

Reliever sign \_\_\_\_\_ Cell No: \_\_\_\_\_ Phone # during Leave: \_\_\_\_\_

**APPROVAL**

\_\_\_\_\_  
Signature by Applicant

\_\_\_\_\_  
Name & Signature by Approver

**TO BE USED BY HR DEPARTMENT**

Paid Leaves  Unpaid Leaves

\_\_\_\_\_  
Approved By HR Manager

**TO BE USED FOR LEAVE SOFTWARE UPDATE**

Recorded by: \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

**BALANCE LEAVE**

Name:

Annual \_\_\_\_\_ Casual \_\_\_\_\_ Sick \_\_\_\_\_ Special leaves/Other Leaves \_\_\_\_\_ Unpaid Study leaves \_\_\_\_\_