



WOMEN UNIVERSITY MARDAN

Staff Leave Application Form

Name: _____

Designation: _____ BPS: _____

Department/Section: _____

Employee ID: _____

Date of Joining: _____

Leave(s) Requested

Study Leaves Ex-Pak Leaves Medical Leaves Other Leaves (*Please specify*) _____

From (Date): _____ To (Date): _____ No of Days: _____

Name: _____ Signature: _____ Date: _____

Endorsement of the Concerned Officer/Incharge:

Name: _____ Designation: _____ Signature & Date: _____

For Office Use Only

Leaves	Entitled	Taken	Current Request	Remaining
Study Leaves				
Ex-Pak Leaves				
Medical Leaves				
Other Leaves				

Superintendent Establishment: _____ Signature: _____ Date: _____

Registrar: _____ Signature: _____ Date: _____

Approval of Competent Authority: _____ Signature: _____ Date: _____