



# WOMEN UNIVERSITY MARDAN

## Staff Casual Leave Application Form

Name: \_\_\_\_\_

Designation: \_\_\_\_\_ BPS: \_\_\_\_\_

Department/Section: \_\_\_\_\_

Employee ID: \_\_\_\_\_

### Leave(s) Requested

From (Date): \_\_\_\_\_ To (Date): \_\_\_\_\_ No of Days: \_\_\_\_\_

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Endorsement of Concerned Officer/Incharge:

Name: \_\_\_\_\_ Designation: \_\_\_\_\_ Signature & Date: \_\_\_\_\_

### For Office Use Only

Leaves	Entitled	Availed	Current Request	Balance
Casual Leaves				

Superintendent Establishment:

\_\_\_\_\_  
Signature & Date

Registrar:

\_\_\_\_\_  
Signature & Date

Copy to: PS to Vice Chancellor – *To be submitted by the applicant.*