** University of Mianwali**

**LEAVE APPLICATION FORM**

**Date:**

**Name:**

#### Nature of Leave

|  |  |  |  |
| --- | --- | --- | --- |
|  | Casual |  | Sick |
|  |  |  |  |
|  | Earned |  | Others \* |

\* *Pl. specify:*

**Designation:**

**Leave Requested:** *From:*  *To:*

**No. of Days:**

**Purpose of Leave:**

**Address During Leave:**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Tel: |  | Applicant’s Signature |

**APPROVED BY:**

Name:

Designation:

Remarks:

Date: Signature

**RECOMMENDED BY:**

Name:

Designation:

Remarks:

Date: Signature

**FOR HUMAN RESOURCES DEPARTMENT**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **CASUAL** | | | | **SICK** | | | **EARNED** | | | **OTHERS** | | |
| Total | Availed | | Balance | Total | Availed | Balance | Total | Availed | Balance | Total | Availed | Balance |
|  | |  |  |  |  |  |  |  |  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  | Incharge’s Signature |

Recorded in personnel account of employee

|  |  |  |  |
| --- | --- | --- | --- |
| Date: |  |  |  |
|  |  |  | Signature |

**Leave Replacement Performa**

**For Teaching Faculty**

Name of Faculty Member Department

Date of Leave

**List of Lectures on leave day:**

1.

2.

3.

4.

**Replacement Schedule**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Program with Semester & Section** | **Course Title** | **Lecture Room** | **Class Time** | **Replacement Teacher** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**Replacement Schedule Approved By:**

Head of Department:

Director of Faculty: