



COMSATS University Islamabad, Vehari Campus
Multan Road Vehari

SHORT LEAVE APPLICATION FORM

Established Location of the Applicant: _____

Name: _____ Designation: _____

Starting Time: _____ Report back time: _____

Note: Short leave can not be extended from 3 hours.

Reason of short Leave: _____

Date: _____ Signature of Applicant: _____

Previously Short leaves availed during the month _____

Note: Three short leaves in a month will be counted as one full leave.

Approved / Not Approved

Date: _____ Signature: _____ Designation: _____