



COMSATS University Islamabad, Vehari Campus
Multan Road Vehari

LEAVE APPLICATION FORM

Established Location of the Applicant: _____

Name: _____ Designation: _____

Department: _____ Nature of Leave: Casual Earned Medical
LEP EOL Any other*
* Specify _____

From: _____ To: _____ Total Number of Days: _____
Total Number of working Days: _____

Reasons for Leave: _____

Date: _____ Signature of Applicant: _____

For Official Use Only

Leave Record

Casual Leave		Earned Leave		Other Leave	
Availed	Balance	Availed	Balance	Availed	Balance

Date: _____ Signature: _____ Designation: _____

Recommended /Not Recommended

Date: _____ Signature: _____ Designation: _____

Approved / Not Approved

Date: _____ Signature: _____ Designation: _____