

Lady Reading Hospital, Medical Teaching Institution

**Employee Information (To be filled by employee)**

Employee Name: \_\_\_\_\_ Application Date: \_\_\_\_\_  
 Designation: \_\_\_\_\_ Date of Appointment: \_\_\_\_\_  
 Department: \_\_\_\_\_ HoD/Supervisor: \_\_\_\_\_  
 Type of Employee (Tick one): Contact No: \_\_\_\_\_  
 Civil  Institutional/ MTI

**Leave Information (To be filled by employee)**

Reason of Leave \_\_\_\_\_  
 From (Date) \_\_\_\_\_ To (Date) \_\_\_\_\_  
 Total Leave Days \_\_\_\_\_ Duty Resume Date \_\_\_\_\_  
 Type of Leave (Attach supportig documents in case of Sick/Hajj/Umra/Sabbatical leave)  
 Earned Leave  Sick Leave  Hajj/ Umrah Leave  
 Casual Leave  Sabbatical/ Educ. Leave  Unpaid Leave  
 Maternity Leave  
 Contact Address during leave \_\_\_\_\_  
 Reliever's Name & Post \_\_\_\_\_ Reliever Signature: \_\_\_\_\_  
 Applicant Signature \_\_\_\_\_

**To be filled by Approvig authority (Department/ Division Head)**

Approved  Disapproved  
 Comments (if ay) \_\_\_\_\_  
 Name \_\_\_\_\_ Signature & Date \_\_\_\_\_

**HR Deptt**

Balance	Type of Leave (Filled appropriate one)					
	C.Leave	S. Leave	E. Leave	Hajj/Umra	Sab.Leave	Unpaid Leave
Availed						
Remaining						

Designation, Signature and Date \_\_\_\_\_

**Dean/ Medical Director/ Hospital Director/ CBoG (only incase of long leave/Hajj/Umra Leave)**

Remarks (if any) \_\_\_\_\_  
 Name \_\_\_\_\_ Signature & Date \_\_\_\_\_

- Note:
1. Timely submission of application is the responsibility of the Applicant.
  2. The Applicant shall proceed on leave after approval confirmation.