**LEAVE APPLICATION FORM (LEAVE ON FULL PAY)**

## Part-I (Applicant Details)

P.No. \_\_\_\_\_\_\_\_\_ Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Design: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Amount of leave requested \_\_\_\_\_\_\_\_\_\_\_ from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_to\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Leave Address & Telephone No \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reason \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_ Signature of Applicant

## Part-II (Leave Record)

Leave Balance \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Leave availed during the year \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_

 Initial record Keeper

Part-III (Remarks of Department)

# **RECOMMENDED / NOT RECOMMENDED**

Date: \_\_\_\_\_\_\_\_\_\_\_\_

 Deans / HODs

Part IV (Remarks of SONA)

# **RECOMMENDED / NOT RECOMMENDED**

Date: \_\_\_\_\_\_\_\_\_\_\_\_

 SO NUST AFFAIRS

Part V (Remarks of Sanctioning Authority)

# **APPROVED / NOT APPROVED**

Date: \_\_\_\_\_\_\_\_\_\_\_\_

 Commandant/ Deputy Commandant

**Submit to:**

**NUST Secretariat**