



AL ALEEM MEDICAL COLLEGE, LAHORE

Leave Application Form

1. Name of Employee _____ 2. Employee Code _____
3. Designation _____ 4. Department _____
5. Period of leave in days _____
6. Starting Date _____ Ending Date _____
7. Reason for applying leaves _____

Date: _____

Signature of Employee: _____

Cell Number: _____

Address During Leaves: _____

8. Remarks and recommendation of the Head of Department

(The recommending authority should specifically indicate the arrangement made during leave.)

Signature of HOD / Director _____

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Human Resource

a) Date of return from leave _____

b) Nature of leave _____

☐ Paid

☐ Unpaid

c) Period of leave in days _____

Establishment Division

Orders of the Sanctioning Authority

Principal / Vice Principal
Al Aleem Medical College,
Lahore