

Shifa Tameer-e-Millat University

Leave Application Form

Date:		

Checked & Verified by HRD

Instructions:

- 1) Employees are to complete Part I. Keep a photocopy with you.
- 2) The HRD will complete Part II and send the form to the Head of the department.

Name				Designation	
STMU ID. No.				Section / Department	
D.O.Joining				College / Institute	
Type of L	eave Request (Pleas	e fill he appropriate	column)		
Type of Leave	From	То	No of Days	Reason(s)	
Earned Leave					
Sick Leave					
Casual Leave					
Others					
	1	1			
During my abser	nce duties will be pe	rformed by :-			
Name				Employee Signature:	
Countersigned		this posical on -1	um court the o		
I will not avail any time off during this period and carryout the duties being taken over from the applicant.		Relievers Signature:			
Part - II - HR	DEPARTMENT US	E ONLY (Leave balo	ance as under)		
Leave Types	Accrued	Availed	Balance		
Earned Leave					
Sick Leave					

Part - III

Casual Leave Other

Recommend/Not Recommend Section/Department Head	Approved / Not Approved	For Processing at University
	For Casual /Earned Leave	
	Forwarded to University (Other Type s of Leave) with Remarks	