COMSATS University Islamabad

Lahore Campus, Defence Road, Off Raiwind Road, Lahore

LEAVE APPLICATION FORM

Name: _____Designation: _____

Department: _____ Date of Joining: _____

Nature of Leave: ☐ Causal ☐ Earned ☐ Maternity ☐ Any other Specify_____

From _____ to _____ Total Number of Days: _____

Reason for Leave: _____

Backup Arrangement: ☐ Details on back side (Essential for more than 5 days) ☐ Not Applicable

Date: _____ Signature of the Applicant: _____

Recommended/ Not Recommended by HoD /Incharge Section

Remarks (if, any): _____

Date: _____ Signature: _____ Designation: _____

For HR Section Only (Leave Record/ Balance)

Causal Leave		Earned Leave		Other Leave	
Availed	Balance	Availed	Balance	Availed	Balance

Contract Expiry: ____/___/_____ Signature with date: _____

☐ Recommended for Approval With Pay
☐ Recommended for Approval Without Pay
☐ Not Recommended for Approval

Reason/Remarks:_____

_____

_____

Incharge HR Section_____

☐ Approved (as Recommended)   ☐ Not Approved

(By the Competent Authority)

Date: _____ Signature: _____ Designation: _____

Guide Lines:
1. Faculty is requested to plan leaves during Semester Break.
2. Earned Leaves can be accumulated upto a maximum of 90 days only.
3. Please attach Medical Certificate in case of more than 5 work days of sickness.
4. Please apply for Maternity leave 50 days before expected date of confinement with Medical Certificates.
5. Maximum Limit of Extra Ordinary Leave (without pay) during entire service is 3 years (Preferably non-consecutive).
6. Duty Leave for foreign conference papers applicable during semester break only.

COMSATS University Islamabad

Lahore Campus, Defence Road, Off Raiwind Road, Lahore
LEAVE APPLICATION FORM

Name: _____

Is there any responsibility during leave applied?   [   ] Yes   [   ] No

In case of yes above, please fill the relevant columns:

Class/Exam Duty	Day/Time	Rescheduled Day/Time

Any other responsibility and its arrangement:

_____

_____

_____

_____

_____

_____

Date: _____   Employee's Signature _____

Date: _____   Signature of Responsibility Charged (if any) _____

Date: _____   HoD/Incharge Signature   _____