



COMSATS Institute of Information Technology, 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

Date: _____ Signature: _____ Designation: _____

- 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:

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

(PLEASE TURN OVER)



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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 _____