

LEAVE APPLICATION FORM

This form should be submitted to the Human Resources Department 1 month prior to taking the Vacation leaves. If the application is not received in due time, CMC has the right to reject application. In case of availing sick leave, medical certificate is required; In case of availing compensatory leave, time sheet or proof of extra hours is required.

Personnel Details		Employee ID
Name	<u>RAMZIYA</u>	Date <u>29/07/2021</u>
Designation	<u>MEDICAL CODER</u>	Date of Joining <u>01/03/2021</u>
Department	<u>INSURANCE</u>	

Type of Leave	Leave Applied for the Period	No of Days
☐ Sick (attach certificate)	From ___/___/___ To ___/___/___	___
☐ Maternity	From ___/___/___ To ___/___/___	___
☐ Annual	From ___/___/___ To ___/___/___	___
☐ Emergency / Unpaid	From ___/___/___ To ___/___/___	___
☐ Training / Seminar	From ___/___/___ To ___/___/___	___
☐ Compensatory Leave <i>Time back (attach sheet)</i>	From <u>31/07/2021</u> To <u>31/07/2021</u>	<u>1</u>
	Against <u>15/05/2021 Eid Holiday</u>	___

Applicant's contact details while on leave

Mailing address: ramziyamehmed@gmail.com

Phone no. : 0544005264 E-mail address: _____

Applicant's Signature: Ramzi Date: 29/07/2021

FOR OFFICIAL USE ONLY (HUMAN RESOURCE DEPARTMENT)

Entitlement as of _____ # of Days _____ Remaining Entitlement Days _____

☐ Paid Leave ☐ Unpaid Leave

HRD Representative Name: _____ Signature & Date: _____

APPROVALS

☐ Approved ☐ Rejected ☐ On Hold

Reason: _____

Head of Department's Name: _____ Signature & Date: _____

Branch Manager's Name: _____ Signature & Date: _____

Administration Manager Name: _____ Signature & Date: _____