



GOVERNMENT COLLEGE OF TECHNOLOGY
JAHAZ GROUND OLD HARAPPA ROAD SAHIWAL



Leave Application Form

Leave	Availed	Balance
Casual		
Medical Leave		
Earned Leave		
Other		

Name:		Designation	
Type of Leave	From	To	No. of Days

Reason:

Address & Phone No. during Leave period.

Dated: _____

Applicant's Signature

Duty Noted:

Recommended By:

Recommended / Not Recommended

Signature Section Incharge

Approved / Not Approved

Signature of leave sanctioned authority