



RAWALPINDI MEDICAL UNIVERSITY

RAWALPINDI

Leave Form

Department_____

Name and designation of applicant_____

Leave applied: Casual/ Sick/ Earned (Station/ Out Station)_____

Period: From_____ To_____ (Days_____)

Reason_____

Address of Contact, in case of out station leave_____

Cell No._____

Substitute_____ Signature_____

Dated: _____

Signature of Applicant: _____

Leave Record

Total _____ Availed _____

Balance _____ Signature _____

Leave Recommended/ Not Recommended

HEAD OF THE DEPARTMENT

Leave Sanctioned/ Not Sanctioned

VICE CHANCELLOR