

MIRPUR UNIVERSITY OF SCIENCE & TECHNOLOGY (MUST) MIRPUR



APPLICATION FORM FOR PRIVILEGE/MEDICAL LEAVE

Office/Department _____

Section: 01 (to be filled by the applicant)

1.	Name of Applicant:	
2.	Designation:	
3.	Pay:	
4.	Date of Birth:	
5.	Date of beginning of service:	
6.	Date of commencement of current applied leave:	
7.	Type of Leave:	
	Privilege Leave <input type="checkbox"/>	Full Pay <input type="checkbox"/>
		Half Pay <input type="checkbox"/>
	*Medical Leave <input type="checkbox"/>	Any other <input type="checkbox"/>
		Date: _____
		From: _____
		To: _____
		(Total days)

I certify that I intend to return to duty on the expiry of my leave applied for and that I have no intention of resignation from the office or retiring from the service.

Dated: _____ Signature of Applicant

* Medical Certificate/Recommendation of Medical Board, duly attested by the University Medical Physician, required to be attached in case of Medical Leave request

Section: 02 (to be filled by concerned head/Section Incharge/Audit Officer)

8.	Reference rules under which admissible: <i>(for above requested leave)</i>	
9.	Detail of Last Availed Leave:	
	Privilege Leave <input type="checkbox"/>	Full Pay <input type="checkbox"/>
		Half Pay <input type="checkbox"/>
	Medical Leave <input type="checkbox"/>	Any other <input type="checkbox"/>
		Date: _____
		From: _____
		To: _____
		(Total days)
10.	Reference order No. <i>(last leave approved)</i>	Date: _____
11.	LEAVE RECORD {to be filled by concerned head (in case of BPS-1-15)/Audit Officer (in case of BPS-16 and above), before sending for approval}	
12.	Leave account up to date _____ (days)	Current Application _____ (days)
		Remaining Leave Account _____ (days)
13.	Recommendation of immediate superior & alternate arrangements for the applicant's work	
14.	_____ Audit Officer <i>(in case of BPS-16 & above)</i>	_____ Head/DDO of Department/ Office
15.	Leave Recommended/Not Recommended	_____ Concerned Head
	Date: _____	

Section: 03 (to be signed by Approving/Sanctioning Authority)

16. SANCTIONED <input type="checkbox"/>	NOT SANCTIONED <input type="checkbox"/>
Dated _____	Signature & Designation _____
* Sanctioned order No. _____	Date: _____

* will be entered after issuance by the administration