



KOHSAR UNIVERSITY MURREE

Email: registrar@kum.edu.pk



CASUAL LEAVE APPLICATION FORM

NAME: _____ DESIGNATION: _____ OFFICE: _____ PHONE NO: _____	<p style="text-align: center;">FOR OFFICE USE ONLY</p> <p>Total casual Leaves admissible (Per Annum) 25</p> <p style="text-align: center;">LEAVES ALREADY AVAILED</p> <ul style="list-style-type: none"> • Full Day Leaves: <input style="width: 40px; height: 20px;" type="text"/> • Half Day Leaves: <input style="width: 40px; height: 20px;" type="text"/> • Short Leaves: <input style="width: 40px; height: 20px;" type="text"/> • Balance: <input style="width: 40px; height: 20px;" type="text"/> <p style="text-align: center;">Concerned HOD/Reporting Officer</p>
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NATUR OF LEAVE

Full Day Leave Short Leave Half Leave Other

LEAVE PERIOD														Total Hours (Short/Half Leave) _____ Total Days (Full Leave) _____
	D	D	M	M	Y	Y	Y	Y	H	H	M	M		
W.E. F TILL								-						

Reason For Leave:

Signature of Applicant: _____

Sign. Reporting Officer/HoD/ Chairperson: _____

Name: _____

Sign. In-Charge Campus: _____

Name: _____

Additional Registrar: _____

Note: Leaves up to two hours shall be considered as Short Leave, leave more than two hours but less than four hours shall be considered as Half Leave and leave more than four hours shall be considered as Full Leave. Four short leaves and/or two half leaves shall be considered as one Full Day Leave.