

The University Of Lahore



Department: _____

Campus: _____

Address: _____

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DAY LEAVE APPLICATION FORM

Employee Name: _____

Employee ID: _____

Designation: _____

Leave From: _____ To: _____

Days: _____

Leave Type: _____

Purpose: _____

Name of Employee who will look-after applicant's duties.

Name: _____

Signature: _____

Name: _____

Signature: _____

Recommended by Head of Department: _____

| Leave Balance | |
|---------------|--|
| Total Earned | |
| Availed | |
| Required | |
| Balance | |
| Signature | |

Applicant's Signature: _____

Recommended By: _____

Approved By: _____