

**NATIONAL HIGHWAY AUTHORITY****Admn Wing (Personnel)****LEAVES APPLICATION**

ID.#. \_\_\_\_\_ Name: \_\_\_\_\_ Father/Husband Name \_\_\_\_\_

Designation: \_\_\_\_\_, BS: \_\_\_\_\_ Wing: \_\_\_\_\_ Section: \_\_\_\_\_

<b>Nature of Appointment:</b>	Regular	Contract	Deputation	Daily Wage	Individual Consultant

<b>Head of Salary:</b>	1% Establishment	RMA	Project (Write Name of Project)

<b>Type of Leave:</b>	Casual	Earned	Medical	Maternity	Study	Ex-Pakistan	Half Pay	Short Leave

Duration: From: \_\_\_\_\_ To: \_\_\_\_\_ Day(s) \_\_\_\_\_

Purpose of Leave: \_\_\_\_\_

Contact Address during Leave: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Number of Leaves Availed \_\_\_\_\_ Balance \_\_\_\_\_

(To be filled by Admn Section / Officer In-charge in case of C/L)

Recommendation of Section Head: \_\_\_\_\_

Signature: \_\_\_\_\_

Designation/BS: \_\_\_\_\_

Date: \_\_\_\_\_

Sanctioned / Not Sanctioned: \_\_\_\_\_

Signature: \_\_\_\_\_

Designation/BS: \_\_\_\_\_

(Sanctioning Authority)

Date: \_\_\_\_\_

**Note:** "The Sectional Head of all Wings / Sections at HQ and DD / AD (Admn) Regions / Projects / PD's shall maintain proper record of casual leaves. The concerned Sectional Head/ DD/AD (Admn)/PD's shall also forward copies of all sanctioned casual leaves to concerned DD (Personnel) NHA, HQ."