SINA INSTITUTE OF NURSING AND ALLIED HEALTH SCIENCES QUETTA

FACULTY LEAVE APPLICATION FROM

I, _____ Son of / daughter of _____Designation _____ wish to apply for _____ days of leave from _____ to _____.

the following reason(s):

_____

_____

_____

_____

Type of Leave Requested (Please tick):

- ☐ Annual
- ☐ Medical
- ☐ Maternity / Paternity
- ☐ Casual
- ☐ Others

_____ _____

Applicant's Signature **Date**

_____

APPROVAL OF HEAD OF DEPARTMENT

_____

Signature of the Head of Department

APPROVAL OF ACADEMIC DIRECTOR

_____

Signature of the Academic Director