



GOVERNMENT OF SINDH
SCHOOL EDUCATION & LITERACY DEPARTMENT

Dated: _____

Application for Leave
For Non-Gazetted teachers and officials

Name			
PID			
CNIC			
Designation			
BPS			
Total Service			
Place of Posting	SEMIS Code	Institution	
Nature Of Leave (Attach Medical Certificate if Medical Leave)			
Leave Applied (Total Days_____)	From	_____	_____
		MM	DD
	TO	_____	_____
		MM	DD
Record of Previous Leave	TOTAL	Availed	Balance

I state on solemn affirmation that I am neither absconder nor habitual absentee.

Signature of Applicant

Recommended by

Approved by