



ISLAMIA COLLEGE, PESHAWAR

KHYBER-PAKHTUNKHWA, PAKISTAN
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Url: www.icp.edu.pk Email: registrar@icp.edu.pk

100
of Glory

No. 1508 /Estt:

Dated: 07 /07/2023

To

All Heads of Teaching Departments
Islamia College Peshawar

All Sectional Heads
Islamia College Peshawar

The Principal, Constituent College/School
Islamia College Peshawar

Subject: **STAFF LEAVE APPLICATION FORM**

Memo,

I am directed to enclose herewith the subject form for circulation among your fellow faculty, officers and officials for strict compliance. You are also requested to instruct your subordinates to use this form while applying for Study Leave, Ex-Pakistan Leave, Medical Leave and any other type of leave, whenever, required.

All such applications shall be forwarded to office of the undersigned after proper recommendations by the concerned head of department/section/school/college.

This is issued with approval of the Vice-Chancellor.

Encl: as above

Copy to:

1. PSO to Vice-Chancellor
2. Master File


Registrar

Registrar



ISLAMIA COLLEGE PESHAWAR
STAFF LEAVE APPLICATION FORM
Computer Fillable Form

EMPLOYEE INFORMATION

Name: _____
Designation: _____ BPS: _____
Department: _____
Employee ID: _____ Date of Joining: _____

LEAVE/S REQUESTED

Study Leave Ex-Pakistan Leave Medical Leave
 Other (please specify) _____

From (date): _____ To (date): _____ No. of Day/s: _____
Date: _____ Signature: _____

RECOMMENDATIONS AND ENDORSEMENT OF THE CONCERNED HOD/INCHARGE:

Recommendations and whether any substitute is required: _____
Name: _____ Signature: _____
Designation: _____

FOR OFFICIAL USE ONLY

LEAVES	ENTITLED	AVAILED	LEAVE REQUESTED	BALANCE
Study Leave/s				
Ex-Pak Leave/s				
Medical Leave/s				
Other Leave/s				

Any other remarks: _____

Superintendent Establishment: _____ Signature & Date: _____
Registrar: _____ Signature & Date: _____
Approval of Vice-Chancellor (if required): _____ Signature & Date: _____