

MEDICAL TEACHING INSTITUTION
(Khyber Medical College/KTH/KCD)

LEAVE APPLICATION

Dated: _____

Name: _____

Department: _____

To: _____ Division/Dept Head)

Type of Leave: Earned Leave Sick leave Educational Leave
 Casual Leave Sabbatical Leave

First day of Leave: _____ Return to work date: _____

DIVISION/DEPARTMENT HEAD: Approved Disapproved

Comments: _____

Signature: _____ Name: _____ Date _____

DEPT OF HUMAN RESOURCES:

Current annual Leave utilized: _____ days Available leave _____ days

Signature: _____ Name: _____ Date _____

DEAN/MEDICAL DIRECTOR/HOSPITAL DIRECTOR/NURSING DIRECTOR

(not necessary for Earned or Maternity leave or Sick leave, except for Prolonged sick leave)

Signature: _____ Name: _____ Date _____

Comments: _____
