



Government of Pakistan
Ministry of Science & Technology
PAKISTAN HALAL AUTHORITY
Head office, Plot-25, Street-6, Sector H-9/1, Islamabad

CASUAL LEAVE FORM

Name of the Employee: _____

Designation: _____

Section: _____

Leave applied from: _____ to _____

Total Days: _____

Reason: _____

Alternate Officer/ Official (if required): _____

Whether permission for station leave is required (Please tick): **YES / NO**

Address during the Leave: _____

Signature of the Applicant: _____

Dated: _____

FOR ADMIN OFFICE (To be filled before submission of application):

LEAVE RECORD

Leave Register Page No.	Casual Leave Availed	Casual Leave Applied	Casual Leave Balance

Asst. Admin: _____

RECOMMENDED BY IN-CHARGE

CONCERNED DIRECTOR

SANCTIONING AUTHORITY