NOVA INSTITUTE OF MODERN STUDIES

LEAVE REQUEST APPLICATION

Annual Leave	
Sick Leave	
*Short Leave	

(Tick appropriate box)

NAME: _____

DESIGNATION: _____

DEPARTMENT: _____

DATE: _____

PURPOSE: _____

Leave period: From: _____ To: _____

Requested by: _____ Approved by: _____

Date: _____

ALTERNATE CONTACT NUMBER (IN CASE OF EMERGENCY):

_____

To be filled in case of short leave:

Date	From time:	Reason

Street No. 12-13, Main Ghauri Garden Road, Islamabad
Contact No: 051-2247103 , Mobile No: 0314-5000319
Website: www.nims.edu.pk Facebook: https://www.facebook.com/NIMS.EDU.PK
Instagram: https://www.instagram.com/nims.edu.pk

CamScanner