|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Section A** | | | | | |
| Annual | Emergency | | Short | | Revised |
| I.D.No: | | | Department./ Vessel : | | |
| Name: | | | Date of Joining: | | |
| Home Country Contact No: | | | | | |
| I requested paid leave from………………………………………. To …………………………. And unpaid leave from ………………………………. To  ……………………………………………………… Total Days : | | | | | |
| Resason for Leave : | | | | | |
| AUH/DXB to ………………………………………………………… Date: Applicant Signature: | | | | | |
| **Following items should handover to the Company for clearence** | | | | | |
| Coverall  No. of Pair: | | Helmet | | Goggle | |
| Safety Shoes | | Receiver Signature : ………………………………………………. | | | |
| **Leave approved by** | | | | | |
| **Head of Department:** | | **HR:** | | **General Manager:** | |
| **Section B** **HR Department Use only** | | | | | |
| Last Rejoining Date: | | | | | |
| Available Leave Days: | | | | | |
| Your Paid leave is approved from: ……………………………………….…… to ………………………….………… Total days : | | | | | |
| Your unpaid leave is approved from………………………………………… to ………………………..…………. Total days : | | | | | |
| Your request for leave is not approved because………………………………………………………………………………………………………….. | | | | | |
| Your Ticket Entitlement: ATB  Akbar  Le Depart | | | | | |
| **Validity of documents** | | | | | |
| Passport: | | | | | |
| Residence Permit: | | | | | |
| Employment Agreement | | | | | |
| Mandatory STCW certificates (Crew) : | | | | | |
| Important Notice: | | | | | |
| \* All employees should return back from vacation based on approved leave days, if any employee extent the leave with out the confirmation of Dep. Manager/HR. HR will take deciplinary action " 3 to 5 days salary deduction from his/her monthly salary". | | | | | |