

Leave Request Form

Employee Name: MASH HOOD NADUVILEKANDY	Corporation Number:
Employee's Signature: <u>Bismillah</u>	Department: SURGERY
Supervisor Corp No. 01008	Supervisor Name Dr. Ayman El-Menyar
Supervisor Signature: <u>Ayman</u>	

Leave Details

Leave Type	1. Annual Leave <input type="checkbox"/>	3- Maternity Leave <input type="checkbox"/>	5- Casual Leave <input type="checkbox"/>	7- Leave without Pay <input type="checkbox"/>
	2. Marriage Leave <input type="checkbox"/>	4- Examination Leave <input type="checkbox"/>	6- Hajj Leave <input type="checkbox"/>	8- Compassionate Leave <input type="checkbox"/>
	9. Other: SICK			

Leave Reason: LOW BACK ACHE

Leave Start Date:	19 / 04 / 2025	Leave End Date:	19 / 04 / 2025
Leave Start Date:	DD / MM / YYYY	Leave End Date:	DD / MM / YYYY
Leave Start Date:	DD / MM / YYYY	Leave End Date:	DD / MM / YYYY

Annual Leave

Ticket Requirement	<input type="checkbox"/> None <input type="checkbox"/> Self <input type="checkbox"/> Family <input type="checkbox"/> Self and Family <input type="checkbox"/> Cash <input type="checkbox"/> Voucher
If ticket is required with leave, please fill 'Annual Leave Ticket Details' Form	
Advance Leave Salary Request	<input type="checkbox"/> Yes <input type="checkbox"/> No
Leave Incentive Bonus:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Contractual Year:	YY / YY / YY
Travel Days Requested :	<input type="checkbox"/> Yes <input type="checkbox"/> No

Examination Leave

Exam Date:	DD / MM / YYYY	Examination Center	<input type="checkbox"/> Local <input type="checkbox"/> Overseas
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Hajj Leave

Rest Days

Marriage Leave

Date of Marriage	DD / MM / YYYY
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Maternity Leave

Date of Delivery	DD / MM / YYYY
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Compassionate Leave

Leave Reason	<input type="checkbox"/> Death of First Degree Relative <input type="checkbox"/> Second Degree Relative
Relationship of Bereaved	
Date of Bereavement	DD / MM / YYYY
Level Classification	<input type="checkbox"/> Local <input type="checkbox"/> Overseas

Iddat Leave

Date of Bereavement	DD / MM / YYYY
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Special Leave

Arab Board Exam Date	DD / MM / YYYY
Examination Center	<input type="checkbox"/> Local <input type="checkbox"/> Overseas

Note: Return from leave form for each leave should be filled and submitted to HR before (11) days after returning, failing which your salary will be stopped suspended

Note:

Dr. Ayman El-Menyar
 Principal Research Scientist
 Trauma Surgery-HMC
 010083