

RECOMMENCEMENT OF DUTY REPORT

To : Chief Operations Officer

Date : 27/07/2016

DUTY REPORT - RETURN FROM LEAVE

Name of Employee : K.K. Sanjeeva Prasanga
Emp. Code No. : 013
Department : QS
Place of Work : MCS - Salalah Airport Site Office
Leave taken : From: 10/07/2016 To: 26/07/2016
Joining duty on : 27/07/2016


Employee's Signature


Chief Operations Officer



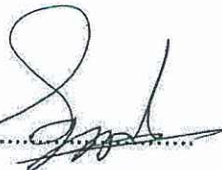
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MEDICAL LEAVE APPLICATION FORM

Employee No: 013

Date: 19-06-2016

1. TO BE FILLED IN BY THE EMPLOYEE

- a. Name of Employee : K.K. Sanjeewa Prasanga
- b. Designation : AS
- c. Department/ Location : MCS - Seeluch Airport
- d. Leave applied for : 3 days (From 12-06-2016 to 15-06-2016)
(Both days Inclusive)
- e. Nature of sickness : met with road accident, collar bone has been injured.
- f. Address during leave : home place Seeluch, Al. amweg, Colombo 01 waddi.
- g. Medical Certificate Attached : Yes ☒ No ☐

Signature of Employee

Officer In Charge

Approved by

Director - Operations

2. TO BE FILLED IN BY THE PERSONNEL DEPARTMENT

Note: Documentary proof of informing the employee's absence from work on the particular day should be annexed hereto. (Message received mode & time, by the officer handling messages)

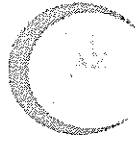
History of Medical Leave taken by the Employee:

Relevant work year:

Number of days Medical Leave taken -:

	Description	No of Days	Remarks
1	Previously - Without Medical Certificate		
2	Previously - With Medical Certificate		
3	This application		
	Total		

Signature of HR Officer



Leave Certificate

Date : 12-JUN-16
Name of Patient : Konpitiya Kankanamalage Sanjeewa Prasanga
Age : 36 Year(s) Sex : Male
Patient Id. : 313408
Department : ORTHOPEDICS
Unit : Orthopaedics B

This is to Certify that KONPITIYA KANKANAMALAGE SANJEEWA PRASANGA(#313408 - - Private) was examined / treated by me/my department and found to suffer from RTA FRACTURE LT CLAVICLE He attended the clinic as an Out Patient on 12/06/2016.

He is authorised to get the sick leave from 12/06/2016 to 26/06/2016 for 15 Days.

To be countersigned by medical office in-charge or his deputy or the concerned consultant, if leave exceeds 3 days.

HOSPITAL STAMP



MOHAMED TALAAT ELSAYED OSMAN

Dr. Mohammed Talaat
(Orthopedic)
Sultan Qaboos Hospital

Signature and Rubber Stamp of Doctor

* This certificate is not valid without the HOSPITAL STAMP.



Hill International

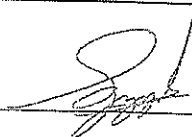
LEAVE REQUEST FORM FOR MIDDLE EAST EMPLOYEES

- Please provide as much time as possible when requesting leave
- Approval must be sought prior to taking leave or making any arrangements for leave
- Annual leave is based on calendar days and explained in your employment contract
- Please ensure you read the guidelines on the leave process

Employee Details

Employee Name: <u>Srinjewa Prasanna</u>	Designation: <u>Quantity Surveyor</u>	Start Date with Hill: <u>2014-Jan</u>
Employee No: <u>013 (Mil/Cris)</u>	Project: <u>MC5</u>	Office: <u>Salah Airport (ESO)</u>

Leave Requested Annual ☐ Sick ☒ Unpaid ☐ Bereavement ☐ Visa Run ☐ Other ☐

First Workday / date on leave: <u>12-06-2016</u>	Last workday / date on leave: <u>14-06-2016</u>
Date returning to work: <u>15-06-2016</u>	Contact details whilst on leave: <u>00968-93203825</u>
EMPLOYEE'S SIGNATURE 	DATE: <u>19-06-2016</u>

Leave Details

Number of leave days accrued at the start of leave:	<input type="text"/>	Comments: <u>Medical Certificate has attached.</u>
Number of leave days requested:	<input type="text"/>	
Remaining Balance:	<input type="text"/>	

Management Approval

Approved: Yes No	
MANAGER'S SIGNATURE: _____	HR SIGNATURE: _____
(As necessary) VP / SVP APPROVAL SIGNATURE: _____	
DATE: _____	

NOTES TO COMPLETE THIS FORM

- Applicants should fill out all relevant sections, gain approval from their Supervisor and forward a copy HR
- If sick leave exceeds two working days, a medical certificate should be obtained and attached to this form
- Request for Bereavement leave must be accompanied by a letter / email stating the details, along with Supervisor approval
- Unpaid leave should only be submitted in exceptional circumstances, having gained Supervisor, VP / SVP & HR approval with a letter / email explaining the reasons. Please note contractual benefits cease during period of unpaid leave.

ANNUAL/EMERGENCY LEAVE APPLICATION FORM

Section 1

Employee No: 013

Date: 03/05/2016

1. TO BE FILLED IN BY THE EMPLOYEE

- a. Name of Employee : K.K. Sanjeeva Prasanna
- b. Designation : Quantity Surveyor
- c. Department/ Location : MCS - Salalah
- d. Leave applied for : 17 days (From 10-07-2016 to 26-07-2016)
(Both days Inclusive)
- e. Reason for leave : Annual leave
- f. Ticket booking request : Attached
(Please attach Flight Booking Request)
- g. Address during leave : No. 25/2 Campaha Rd. Yakkala - Srilanka
- h. Telephone No. during leave : 0094 83 22 24 204 / 0094 77 709 60 20
- i. Leave to be : Utilized ☒ En-cashed ☐
- j. Date of joining (Initial) : Apr 2007
- k. Date duty resumed after last leave : 24-08-2015
- l. Date scheduled for Departure : 05-07-2016 Date scheduled for Arrival : 26-07-2016
- m. Date of resuming duty after leave : 27-07-2016

Signature of Employee

Officer In Charge

Director - Operations

2. TO BE FILLED IN BY THE PERSONNEL DEPARTMENT

a.	Passport valid till	19.08.2025
b.	Resident's Card / Visa valid till	08.02.2018
c.	Leave due date	
d.	Other	
e.	Airline Ticket by	Employee <input type="checkbox"/> Company <input checked="" type="checkbox"/>

Signature of Administration Manager

Remarks:

f. No of days leave due

Annual	17.1
Earned Lieu Leave	-
Balance leave Brought Forward (As at 31.12.2015)	15.34
(Avalied leave)	-
Total leave available (days)	32.44
Retained leave to Carry Forward	15.44
Approved leave (days)	17

Attached following :- Last forms 10 & 13

Name & Signature of Calculating Officer

Annual Leave Gained

Month/ Year	Days
1. JAN	31
2. FEB	28
3. MAR	31
4. APR	30
5. MAY	31
6. JUN	30
7. JUL	9
8.	
9.	
10.	
11.	
12.	
13.	
14.	
15.	

$$(190 \times 0.09)$$

$$= 17.1$$

(days in service for period x 0.09)

3. TO BE FILLED IN BY THE ACCOUNTS DEPARTMENT

- a. Leave granted :days with pay, anddays without pay.
- b. Encashment of leave :days. Encashment of Air ticket :
- c. Leave to be Carried Forward :days. Salary for current month :

Signature of Accountant

Approved by CEO/Director - Corporate Affairs

