

RECOMMENCEMENT OF DUTY REPORT

To : Chief Operations Officer/Administration Manager

Date : 11/09/2017.....

DUTY REPORT – RETURN FROM LEAVE

Name of Employee : K.K. Sanjeeva Prasanga.....

Emp. Code No. : 13.....

Department : QS.....

Place of Work : Salalah - Airport - MCS.....

Leave taken : From: 5/09/2017... To: 10/09/2017...

Joining duty on : 11/09/2017.....


Employee's Signature


COO/Admin/HR Manager

ANNUAL/EMERGENCY LEAVE APPLICATION FORM

Section 1

 Employee No: 13

 Date: 23/08/2017

1. TO BE FILLED IN BY THE EMPLOYEE

- a. Name of Employee : K. K. Sanjeeva Prasanga
- b. Designation : Quantity Surveyor
- c. Department/ Location : MCS / Salalah Airport
- d. Leave applied for : 5 days (From 05/09/2017 to 09/09/2017)
(Both days Inclusive)
- e. Reason for leave : Family back to the Salanka (School arrangement)
- f. Ticket booking request : No
(Please attach Flight Booking Request)
- g. Transport to/from Airport : Airport Drop- ☒ Yes ☐ No Airport Pickup - ☐ Yes ☒ No
- h. Address during leave : No. 25/2 Gampaha Rd. Yakkala, Sri Lanka
- i. Telephone No. during leave : 94 77 707 60 20
- j. Leave to be : Utilized ☒ En-cashed ☐
- k. Date of joining (Initial) : Apr 1 2007
- l. Date duty resumed after last leave : 20/07/2007
- m. Date scheduled for Departure : 31/08/2017 Date scheduled for Arrival : 09/09/2017
- n. Date of resuming duty after leave : 10/09/2017

Signature of Employee

Officer In Charge

Director of Operations

2. TO BE FILLED IN BY THE PERSONNEL DEPARTMENT

a.	Passport valid till	<u>15.08.2025</u>
b.	Resident's Card / Visa valid till	<u>28.02.2018</u>
c.	Leave due date	
d.	Other	
e.	Airline Ticket by	Employee <input type="checkbox"/> Company <input type="checkbox"/>

f. No of days leave due	
Annual	<u>11.45</u>
Earned Lieu Leave	<u>-</u>
Balance leave Brought Forward (As at 31.03.2017)	<u>36.55</u>
(Availed leave)	<u>(19)</u>
Total leave available (days)	<u>29</u>
Retained leave to Carry Forward	<u>24</u>
Approved leave (days)	<u>5</u>

Annual Leave

Month/ Year	Days
1.	
2.	
3.	
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13.	
14.	
15.	

Signature of Administration Manager

Remarks:

 Attached following - Last forms 10 & 13 ☐

(days in service for period x 0.0822)

Name & Signature of Calculating Officer

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
 From 10: Annual Leave Application

 Approved by  Director of Operations

Section 2

The Personnel Department,
Milcris Pvt. Ltd. (Oman)
P.O. Box 1398,
P.C. 130,
Al Azaiba,
Sultanate of Oman.

I wish to declare and confirm that I have attended to the following personal obligations in the manners indicated below and will therefore not cause any inconvenience to the Company during the period of my leave.

	paid in advance	arranged for payment
Rent for my residence		Nil
Telephone and ADSL bills		Nil
Electricity		Nil
Water bills		Nil

I further declare that the following have been handed over to the Procurement Officer of the Company as per the Company procedure.

	Procurement Officer
Motor vehicle parked at	Salah Airport Office
Motor Vehicle Key	With me
Telephone	Nil
Telephone sim card	Nil

I further confirm and declare that I have also made arrangements/paid in advance my personal loan repayment installments and payments due to the credit card companies for the period of leave.

Signature of Employee:



Date: 23/08/2017

Name of Employee: K.K. Sanjeeva Prasanna

Resident Card No: 73 75 24 29



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>Sanjeeva Prasanna</u>	Designation: <u>Quantity Surveyor</u>	Start Date with Hill: <u>01/01/2013</u>
Employee No: <u>013 (Miletris)</u>	Project: <u>MCS</u>	Office: <u>Saudi Arabia</u>

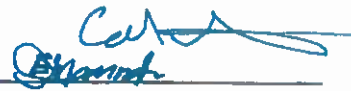
Leave Requested Annual ☒ Sick ☐ Unpaid ☐ Bereavement ☐ Visa Run ☐ Other ☐

First Workday / date on leave: <u>05/09/2017</u>	Last workday / date on leave: <u>09/09/2017</u>
Date returning to work: <u>10/09/2017</u>	Contact details whilst on leave: <u>+94 77 707 60 20</u>
EMPLOYEE'S SIGNATURE 	DATE: <u>23/08/2017</u>

Leave Details

Number of leave days accrued at the start of leave:	<input type="text"/>	Comments:
Number of leave days requested:	<input type="text"/>	
Remaining Balance:	<input type="text"/>	

Management Approval

Approved: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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.

Leave Entitlement as at

04.09.2017

Name K K Sanjeewa Prasanga
Emp No. 13
Date Joined 25-Apr-07
Rejoining date 24.08.2016

Ser No.	Month	Days per Month	AL/LL	SL	EL	NPL	Other	Days worked	Earned Leave
Leave balance B/F as at 31.03.2016									23.44
	2016								
1	April	30						30	2.70
2	May	31						31	2.79
3	June	30		3				27	2.43
4	July	31	17					14	1.26
5	August	31						31	2.79
6	September	30						30	2.70
7	October	31						31	2.79
8	November	30						30	2.70
9	December	31						31	2.57
	2017								-
10	January	31						31	2.57
11	February	28						28	2.32
12	March	31						31	2.57
13	April	30						30	2.49
14	May	31						31	2.57
15	June	30						30	2.49
16	July	31	19					12	1.00
17	August	31						31	2.57
18	September	4						4	0.33
Total.....		522.00	36.00	3.00	-	-	-	483.00	65.10

Less :- Annual leave & local leave

1	Annual Leave-AL		36.00
2	Local Leave-LL		-
Total Earned Leave balance.....			29.10

Other Leave

1	Sick Leave-SL	3
2	Emergency Leave-EL	-
3	No pay Leave-NPL	-
4	Other	-
Total other leave		3

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Prepared By

Checked by

RECOMMENCEMENT OF DUTY REPORT

To : Chief Operations Officer

Date : 20/07/2017

DUTY REPORT - RETURN FROM LEAVE

Name of Employee : K.K. Sanjeeva Prasanga

Emp. Code No. : 013

Department : AS

Place of Work : MCS - Salalah

Leave taken : From: 02/07/2017 To: 19/07/2017

Joining duty on : 20/07/2017


Employee's Signature


Chief Operations Officer



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ANNUAL/EMERGENCY LEAVE APPLICATION FORM

Section 1

Employee No:

Date:

1. TO BE FILLED IN BY THE EMPLOYEE

- a. Name of Employee : K. K. Sanjeewa Prasanga
- b. Designation : Quantity Surveyor
- c. Department/ Location : MC5 - Salalah
- d. Leave applied for : 18 days (From 02/07/2017 to 19/07/2017)
(Both days Inclusive)
- e. Reason for leave : Annual leave
- f. Ticket booking request : Attached
(Please attach Flight Booking Request)
- g. Transport to/from Airport : Airport Drop ☒ Yes ☐ No Airport Pickup ☐ Yes ☒ No
- h. Address during leave : No. 25/2, Gampaha Rd, Yakkalam - Sri Lanka
- i. Telephone No. during leave : 0094 33 22 24 304 / 0094 77 707 60 20
- j. Leave to be : Utilized ☒ En-cashed ☐
- k. Date of joining (Initial) : April 2007
- l. Date duty resumed after last leave : 27/07/2016
- m. Date scheduled for Departure : 26/06/2017 Date scheduled for Arrival : 19/07/2017
- n. Date of resuming duty after leave : 20/07/2017

Signature of Employee

Officer In Charge

Director of Operations

2. TO BE FILLED IN BY THE PERSONNEL DEPARTMENT

a.	Passport valid till	<u>19.08.2025</u>
b.	Resident's Card / Visa valid till	<u>28.02.2018</u>
c.	Leave due date	
d.	Other	
e.	Airline Ticket by	Employee <input checked="" type="checkbox"/> Company <input type="checkbox"/>

f. No of days leave due	
Annual	<u>37.84</u>
Earned Lieu Leave	<u>-</u>
Balance leave Brought Forward	<u>23.44</u>
(As per 31-03-2016) (Availed leave)	<u>(17)</u>
Total leave available (days)	<u>44.28</u>
Retained leave to Carry Forward	<u>18</u>
Approved leave (days)	<u>26.28</u>

Annual Leave

Month/ Year	Days
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	
13.	
14.	
15.	

Signature of Administration Manager

Remarks:

Attached following : Last forms 10 & 13 ☐

(days in service for period x 0.0822)

Name & Signature of Calculating Officer

3. TO BE FILLED IN BY THE ACCOUNTS DEPARTMENT

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

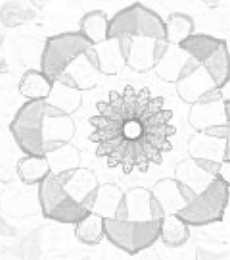
Signature of Accountant

Form 10 Annual Leave Application

Approved by CEO/Director of Operations



26 / 26 / 26 / VISAS



26

SULTANATE OF OMAN
ENTRY VISA / 26 / 26 / VISAS

نوع التأشيرة	حالة العمل	الزوج أو الزوجة	عدد التأشيرات
EMPLOYMENT	EMPLOYMENT	SINGLE	MULTIPLE

VISA NO: 10469175

ISSUED: 1/3/2016

EXPIRY: 28/2/2018

ACCOMPANIED BY: 28/2/2018

EMPLOYER:

1) Register your fingerprint within 30 days from the entry date.

2) The residence employment visa is considered valid for six months from the entry date.



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