

RECOMMENCEMENT OF DUTY REPORT

To : Chief Operations Officer

Date : 24/08/2015

DUTY REPORT - RETURN FROM LEAVE

Name of Employee : K.K. Sanjeeva Prasanna

Emp. Code No. : 02

Department : QS

Place of Work : MCS - Salalah Airport Site Office

Leave taken : From: 25 July 2015 To: 23 August 2015

Joining duty on : 24 August 2015

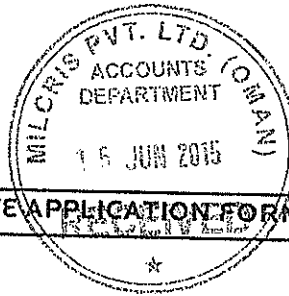

Employee's Signature
Chief Operations Officer

Leave Entitlement: 25.03.2015.

Need notebook article

With included:

1. Hill approval
2. Earned leave calculation
3. Flight requisition.



ANNUAL/EMERGENCY LEAVE APPLICATION FORM

Section 1

1. TO BE FILLED IN BY THE EMPLOYEE

- a. Name of Employee : K.K. Sanjeeva Prasanga Kannitiye
- b. Designation : Quantity Surveyor
- c. Department/ Location : MC5 - Airport Office - Salalah
- d. Leave applied for : 29 days (From 26 July 2015 to 23 Aug 2015)
(Both days Inclusive)
- e. Reason for leave : Annual
- f. Ticket booking request : Yes (attached)
(Please attach Flight Booking Request)
- g. Address during leave : No. 2125 Gampaha Rd Yakkala, Sri Lanka.
- h. Telephone No. during leave : 0094 33 22 24304 / 0094 77 7076020
- i. Leave to be : Utilized ☒ En-cashed ☐
- j. Date of joining (Initial) : 25 April 2007
- k. Date of duty assumption after last leave : 02 Sep 2014
- l. Date scheduled for Departure : 17 July 2015 Date scheduled for Arrival : 23 Aug 2015

Signature of Employee
31/03/2015

Team Leader

Head of Department

Managing QS

2. TO BE FILLED IN BY THE PERSONNEL DEPARTMENT

| | | |
|----|-----------------------------------|------------------|
| a. | Passport valid till | |
| b. | Resident's Card / Visa valid till | |
| c. | Leave due date | |
| d. | Other | |
| e. | Airline Ticket by | Employee Company |

Signature of COO/Admin: Manager

Remarks:

| | |
|---------------------------------|-------|
| f. No of days leave due | |
| Annual | 10.59 |
| Earned Lieu Leave | -- |
| Balance leave Brought Forward | 22.05 |
| (Avalied leave) | -- |
| Total leave available (days) | 32.64 |
| Retained leave to Carry Forward | 3.64 |
| Approved leave (days) | 29 |

Annual Leave Gained

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

Attached following: Last forms 10 & 13 ☐

(days in service for period x 0.09)

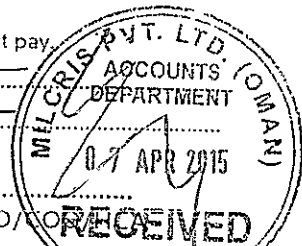
Name & Signature of Calculating Officer

3. TO BE FILLED IN BY THE ACCOUNTS DEPARTMENT

- a. Leave granted : 29 days with pay, and Nil days without pay
- b. Encashment of leave : 3.64 days. Encashment of Air ticket : --
- c. Leave to be Carried Forward : 3.64 days. Salary for current month : --

Signature of Accountant

Approved by CEO/COO



Form 10

Rev: 30 Apr 2011 Page 1 of 2

Proposed Relief: Sumith Wijeyasekera

Section 2

The Personnel Department,
Milcris Pvt. Ltd. (Oman)
P.O.Box 1398,
P.C. 130,
Al Azalba,
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 | N/A | |
| Telephone and ADSL bills | N/A | |
| Electricity | N/A | |
| Water bills | N/A | |

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 | New Salalah |
| Motor Vehicle Key | with me |
| Telephone | N/A |
| Telephone sim card | N/A |
| | |
| | |

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: 31/03/2015

Name of Employee: Sanjewa Prasanna

Resident Card No: 73752429

Form 10

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FLIGHT BOOKING REQUEST

Reservation of Airline Tickets must be passed through the Administration and Human Resources Department together with the Leave Application Form.

Name of Employee: Sanjeeva Prasanga.

Location : MCS - Salalah Airport.

Details of Family Travelling

1. Name of Employee (if travelling) Sanjeeva Prasanga Konpitiya Passport No.: N.1684816.
2. Name of Spouse Ganga Kamali Rajapaksha Passport No.: N.0912011.
3. Names of Children travelling and their Passport Numbers:
 - (i) Ms/Master Imandi Amadhya Konpitiya Passport No.: N.4293919.
 - (ii) Ms/Master Umandi Achamadhya Konpitiya Passport No.: N.4661806.
 - (iii) Ms/Master ----- Passport No.: -----

Booking from Muscat to Salalah to Colombo

Date of Departure from Muscat Salalah for Sanjeeva - 17 July 2015. For Family - 04 July 2015

Date of Return to Muscat Salalah for All 23 Aug. 2015

Any pertinent information

Notes:

*Leave ticket shall be from Muscat to the closest Airport of the employee's home country.

*Air travel shall be booked on the best value on the day of travel. Should an employee prefer to travel on a different airline other than the one recommended, the employee will be obliged to cover the difference in cost, if any.

.....
Employee's Signature:

Head of Department

Chief Operations Officer

Date: 31/03/2015

Date:

Date:

Office Use Only:

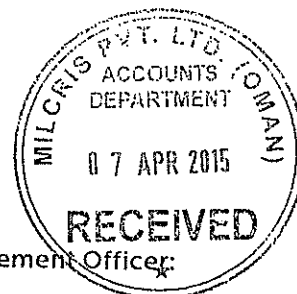
STATUS: Confirmed / wait listed for travel.

LPO No. :

Date of LPO:

Signature of booking officer:

Signature of Procurement Officer:



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: K.K. Sanjeewa Prasanga Konpitiya Designation: A.S.
 Employee No: 013 (Milecris) Project: MCS - Salalah Office: Salalah - Airport

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

First Workday / date on leave: 26 July 2015 Last workday / date on leave: 23 Aug. 2015
 Date returning to work: 24 Aug. 2015 Contact details whilst on leave: 0094 33 22 24304
 Overseas Travel ☒ Local Travel ☐ Exit/Re-entry visa required ☐
 All Dependents To Travel ☐ If checked, please submit the appropriate service request
 Please list all dependents' location on the reverse of the Leave Request Form during your leave.
 EMPLOYEE'S SIGNATURE [Signature] DATE: 31/03/2015

Leave Details

Number of leave days accrued at the start of leave: Leave replacement required Y ☒ N ☐
 Number of leave days requested: 29 Comments: [Signature]
 Remaining Balance:

Approval

Approved: Y ☒ N ☐ MANAGER'S SIGNATURE: [Signature]
 (As necessary) Com Mgr / PM / RE APPROVAL SIGNATURE: _____
 (As necessary) Ctry Mgr / OD / VP / SVP APPROVAL SIGNATURE: _____
 (As necessary) Client Approved Y ☐ N ☐ HR APPROVAL _____

NOTES TO COMPLETE THIS FORM

- Applicants should complete all relevant sections, gain approval from their Supervisor / Manager and other necessary approvers.
- For sick leave exceeds more than one working day, a medical certificate should be attached to this form to be eligible for sick pay.
- 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 exhausted an annual leave accrual, gained Supervisor, VP / SVP & HR approval with a letter / email explaining the reasons. Please note that standard benefits cease.

