

RASHEED CARPENTRY & CONSTRUCTIONS (PVT) LTD LEAVE APPLICATION FORM

(Senior Staffs)

Name: EATHMATH SHAMIDA Nationality MALDIVIAN Designation: SENIOR HR EXECUTIVE Work Site: Type of LEAVE	E	UPLOYEE INFORMATION (USE BLOCK LETTERS TO FILL THE FORM)							
Designation: SENIOR HR EXECUTIVE Work Site: TYPE OF LEAVE Annual Leave Emergency (Pieuxe Specify): From: 12/04/2025 To: 12/04/2025 Total No. Working Doys:	I	D:	4353			Passport\NIC No: A052380			
TYPE OF LEAVE Annual Leave # Emergency Pricess Emergency Leave Other # Emergency Pricess Emergency Leave Other # Emergency Pricess Emergency Contact 1: Emergency Emerge	P	lame:	FATHIMATH SHAHIDA			Nationality: MALDIVIAN			
Promi 12/04/2025 From: 12/04/2025 Total No. Working Days: CONTACT DETAILS WHILE ON LEAVE Mobile Phone 1: Mobile Phone 2: Emergency Contact 1: Emergency Contact 2: Emergency Contact 3: Emergency C	C	Designation:	SENIOR HR EXECUTIVE				Work Site:		
From: 12/04/2025 To: 25/04/2025 Total No.Working Days: 2		A CONTRACTOR OF THE PROPERTY O		Eme	Emergency Leave				
From: 12/04/2025 Total No.Working Days: ### CONTACT DETAILS WHILE ON LEAVE Mobile Phone 2:			If Emergency (Please Specify):						
CONTACT DETAILS WHILE ON LEAVE Mobile Phone 1:									
Mobile Prione 1:		Fro	m: 12/04/2025		`To:	25/04/2025		otal No.Working Days:	12
Mobile Prione 3:	,	CONTACT DETAILS WHILE OF	20/4/2025			-5			
Mobile Phone 2: Emergency Contact 2: Email:			Emergency Contact 1:						
Email: TICKET DEFAILS (ROUTE) Nade-Trivandrum	1	obile Phone 2:		Emergency Contact 2:					
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Other Routes (please Specify): Ticket Type: One way Return Ticket Own Ticket LEAVE ENTITLEMENT RECORD Date Of Join: 16.02.2023 Leave Balance: Sept. Verified By: SHAHIDHA Sign: WORKS HANDOVER TO: Pending Works Status Action Needed Due date Hand Over by Take Signatures Take Take Requested By - EMPLOYEE Signatures Take Signatures Take Take APPROVED BY - PROJECTS DIRECTOR (SIGNATURE AND DATE) APPROVED BY - HOD (SIGNATURE AND DATE) APPROVED BY - HOD (SIGNATURE AND DATE) APPROVED BY - MD/CHAIRMAN	,	TICKET DETAILS (ROUTE)							
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(SIGNATURE AND DATE) APPROVED BY - MD/CHAIRMAN		REQUESTED BY - EMPLOYEE	Shaludt	4					
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