



مجموعة دار لولو
LULUA GROUP

ANNUAL LEAVE FORM

Request Date

Employee Information

Employee Name:

Contact Number:

Under Sponsorship of:

Department:

Position:

Direct Manager:

Who will cover you:

Absence Details

Type of Leave	Start Date	End Date	Total Days	Weekends/ Public Holidays	Total Number of Working Days Taken	Day Back

COMMENTS

Employee Signature

Direct Manager Signature

To be completed by HR Department

Current Balance	Leave Days Taken	New Leave Balance	Date Resuming Duty		
			Early	On time	Late

Leave Payment Requirement: In Advance Payment

With the Salary

Received by

Approved by