

Leave Request Form

Employee Info:					
Name Mohammad Fotnas		mass Employee	No. 3041	(4),7	
Department Civil		Position Ti	tle CANAN	Tostallor	
Joining Date		Location	Red	Installor	
Johning Dutc			V 2-CC	(S.C.) THE OF	
THE PERSON NAMED IN	R	equestor Field			
Type of Leave:					
Annual Leave Sick Leave		Leave	Examination Leave		
Unpaid Leave	Unpaid Leave Marriage Leav				
Bereavement Leave	e New	Birth Leave	/e Maternity Leave		
Leave Duration (by days)	Start Da	y End [Day Resump	tion of Duty	
1 day	23/6/2	2025 /	/	/ /	
Destination & Addre Contact during Leav					
Further Remarks:					
Went .	to Yanhu	hoppital	for too	in Checkup	
		HR Field			
Balance		Entitlement			
Last Vacation					
	Company			☐ 5'l	
Tickets & Visa	Employee	Contract Ty	pe Single	P Family	
HR Remarks					
TIK Kemarks					
Signatures:					
Requestor	Alternative Emp.	Direct Manager	HR Department	HR Manager	
	ID:				
	Name & Signature:	\ \ \			
1		111			
Date:	Date:	Date:	Date:	Date:	

