

Leave Request Form

Employee Info:

Name	Sahel Mohammad	Employee No.	3167
Department	Civil	Position Title	Maroon-Tiler
Joining Date		Location	Red Sea HC-03

Requestor Field

Type of Leave:

<input type="checkbox"/> Annual Leave	<input type="checkbox"/> Sick Leave	<input type="checkbox"/> Examination Leave
<input checked="" type="checkbox"/> Unpaid Leave	<input type="checkbox"/> Marriage Leave	<input type="checkbox"/> Hajj Leave
<input type="checkbox"/> Bereavement Leave	<input type="checkbox"/> New Birth Leave	<input type="checkbox"/> Maternity Leave

Leave Duration (by days)	Start Day	End Day	Resumption of Duty
1 day	19 / 4 / 2025	19 / 4 / 2025	20 / 4 / 2025

Destination & Address
Contact during Leave

Further Remarks:

I am going to perform Umrah.

HR Field

Balance		Entitlement	
Last Vacation		Approved Days	
Tickets & Visa	<input type="checkbox"/> Company Employee	Contract Type	<input type="checkbox"/> Single <input type="checkbox"/> Family
HR Remarks			

Signatures:

Requestor	Alternative Emp.	Direct Manager	HR Department	HR Manager
	ID:			
	Name & Signature:			
Date:	Date:	Date: 16-04-	Date:	Date:

2025