

### Leave Request Form

**Employee Info:**

Name	Shabaz haider	Employee No.	4792
Department	Civil	Position Title	Painter
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
<del>1 day</del> 1 day	10/15/2025	10/15/2025	/ /

Destination & Address	
Contact during Leave	

**Further Remarks:**

I was sick, stay at camp then visit to clinic.

**HR Field**

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

**Signatures:**

Requestor	Alternative Emp.	Direct Manager	HR Department	HR Manager
شباب هايدر	ID:			
	Name & Signature:			
Date:	Date:	Date:	Date:	Date: