

Leave Request Form

Employee Info:

Name	Wagdy Azem	Employee No.	2220
Department	Civil	Position Title	Painter
Joining Date		Location	Red Sea HC-02

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	28/5/2025	28/5/25	29/5/25

Destination & Address	
Contact during Leave	

Further Remarks:

<p style="font-size: 1.2em;">Not feeling well visit to Doctor.</p>
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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
	ID:			
	Name & Signature:			
Date:	Date:	Date: 31 May 25	Date:	Date: