

Leave Request Form

Employee Info								
Name	Mohannad Stakiz			Employee No. 214 6		3146		
Department	Ciril			Position T	itle C			
Joining Date				Location	7	y Page	I Cea MCD2	
						NO	30,100	
		R	equesto	Field				
Type of Leave:								
Annual Leave		☐ Sick	☐ Sick Leave		Examination		Leave	
Unpaid Leave		☐ Mar	☐ Marriage Leave			Hajj Leave		
☐ Bereavement Leave		☐ New	New Birth Leave			Maternity Leave		
Leave Dur (by day		Start Da	y	End	Day	Resump	tion of Duty	
A 1747 TA CA		29/16/2	25	3016125		1	17/2025	
Destination &	Address						7	
Contact during								
Further Remai	rks:							
0,	00		0 -	4				
Doel	y con	n Head	Kel	17				
			HR Fi					
				eiu Entitlement				
Balance				Approved D				
Last Vacation		Company						
Tickets & Visa	mployee		Contract Ty	pe	☐ Single	☐ Family		
HR Remarks								
Signatures:							Carrier I Attaches	
Requestor	Alter	native Emp.	Direct I	Manager	HR Depa	rtment	HR Manager	
	ID:			٨	Net-Pho	And And		
		& Signature:					_	
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			//					
			Date:		Date:		Date:	

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