

Leave Request Form

Employee Info:					
Name	Javad No	Employ	ee No.	3038	
Department	Civil	Positio	n Title C	gesum Installa	
Joining Date		Locatio		Redsegucio	
Requestor Field					
Type of Leave:					
Annual Leave			Examination Leave		
✓ Unpaid Leave ✓ Marriage Leav					
Bereavement Leave New Birth Leave Maternity Leave					
Leave Dura (by days	Start D	ay Er	nd Day	Resumption of Duty	
3 day		2025 21	1512025	/ /	
Destination & A					
Further Remarks: Flegnet an accident don't have sick loave.					
Balance Entitlement Approved Days Tickets & Visa Company Contract Type Single Family HR Remarks					
Signatures:			,		
Requestor	Alternative Emp.	Direct Manager	HR Departi	ment HR Manager	
7/9/	ID: Name & Signature:	2	2		
Date:	Date:	Date:	Date:	Date:	

HR Department

Saudi Icon

