

Leave Request Form

Employee Info:						
The second secon			Employee No. 4136			
Department	_		ATTENDED TO BE A STATE OF		Meson.	
Joining Date	Crus	Loca	tion	Dad la	Mison.	
Johning Date			/-	COU SE		
Requestor Field						
Type of Leave:						
Annual Leave Sick Leave		-	Examination Leave			
9		arriage Leave				
Bereavement Leave New Birth Leave Maternity Leave						
Leave Durati (by days)	Start L	ay	End Day	Resumpt	ion of Duty	
One day		12025 19	104/2025	20 10	4/2025	
Destination & Address Contact during Leave						
Further Remarks:						
Going to perform Univa						
HR Field						
Balance		Entitlen	Entitlement			
Last Vacation		Approve	ed Days			
Tickets & Visa	Company L Employee	Contrac	t Type	Single [Family	
HR Remarks						
Signatures:			.)			
Requestor	Alternative Emp.	Direct Manage	r HR Depar	tment H	R Manager	
morpholid Al	ID: Name & Signature:	17				
Date: 17-04-2025	Date:	Date: Oh?	Date:	Da	ate:	