

## Leave Request Form

Employee Info:  Name  Department  Joining Date	red sarrour	Employee No.  Position Title  Location	4052 Gypsum Invialler Rodpeg HO-03				
Requestor Field							
Type of Leave:  Annual Leave Unpaid Leave Bereavement Leave	Sick Leave  Marriage Lea  New Birth Lea	ve [	Examination Leave Hajj Leave Maternity Leave				
Leave Duration (by days) 3 day	Start Day	End Day	Resumption of Duty  20/4/202025				
Destination & Address Contact during Leave Further Remarks:							
	to Umra ne	ith my fare	nty from morroco.				
Balance Last Vacation	et and the second secon	Field Entitlement Approved Days					
Tickets & Visa	Company Employee	Contract Type	☐ Single ☐ Family				
HR Remarks							
gnatures: Requestor Al	ternative Emp. Direct	: Manager HR	Department HR Manager				

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Requestor	Alternative Emp.	Direct Manager	HR Department	HR Manager
	ID: Name & Signature:	N. S.		
Date: 15 04 25	Date:	Date:	Date:	Date:

