

## **Leave Request Form**

| employee mio.                              |                          |              |                 |            |            |
|--|--------------------------|--------------|-----------------|------------|------------|
| Name                                       | aker Atta                | Emp          | loyee No.       | 3774       |            |
| Department                                 | ivil                     | Posi         | tion Title      | JUPSUM     | Forman.    |
| Joining Date                               | 1727                     | Loca         |                 | Red Se     |            |
| 3  |                          |              |                 | V KU SE    | y ric-oz   |
| Requestor Field                            |                          |              |                 |            |            |
| Type of Leave:                             |                          |              |                 |            |            |
| Annual Leave                               |                          |              | Examinatio      |            | eave       |
| Unpaid Leave                               | Marriage Leave           |              |                 |            |            |
| Bereavement Leav                           | e L New                  | Birth Leave  | Maternity Leave |            |            |
| Leave Duratior<br>(by days)                | Start Da                 | y            | End Day         | Resumpti   | on of Duty |
| 1 day                                      | 01/06/2                  | 1025         | 1/06/2025       | 02/0       | 6/2015     |
| Destination & Address Contact during Leave |                          |              |                 |            |            |
| Further Remarks:                           |                          |              |                 |            |            |
| Not  | fieling n                | ell          |                 |            |            |
| HR Field                                   |                          |              |                 |            |            |
| Balance                                    |                          | Entitle      | ment            |            |            |
| Last Vacation                              |                          | Appro        | ved Days        |            |            |
| Tickets & Visa                             | Company Employee         | Contra       | act Type        | ☐ Single [ | Family     |
| HR Remarks                                 |                          |              |                 |            |            |
| Signatures:                                |                          |              |                 |            |            |
| Requestor                                  | Alternative Emp.         | Direct Manag | ger HR Depa     | rtment H   | R Manager  |
|  | ID:<br>Name & Signature: |              |                 |            |            |
| Date:                                      | Date:                    | Date: 03 0   | 29 Date:        | D          | ate:       |