

## **Leave Request Form**

Employee Info:		analy to any to the		
Name	Vayyum_	Employe	ee No.	148
Department 7		Position	Title Cyl	Sum Installer
Joining Date	07.	Location		PSUM Installer Rod Seg 41-02
				00 200 110 2
THE PLANTS		Requestor Field		
Type of Leave:				
Annual Leave	ve Sick Leave		Examination Leave	
Unpaid Leave				
Bereavement Le	Bereavement Leave New Birth Leave		Maternity Leave	
Leave Duration (by days)	on Start D	ay End	l Day Re	esumption of Duty
1 day	18/6/	2025 101	612025	A 1612025
Destination & Add	The state of the s			
Further Remarks:				
Needto	Vint Um	ly forso	me vyg	entwork.
		HR Field		
Balance Entitlement				
Last Vacation		Approved D	ays	
Tickets & Visa	Company Company Employee	Contract Ty	pe 🗆	Single Family
HR Remarks				
Signatures:				
Requestor	Alternative Emp.	Direct Manager	HR Departmen	nt HR Manager
R	ID: Name & Signature:			
Date:	Date:	Date: A JANES	Date:	Date:

**HR** Department

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