Leave Request Form

Employee Info:	*			
Name	hard khoen	Employee No.	4131	
Department	Civil	Position Title	Mozon	
Joining Date	21/20/2011	Location	MCO3 Rea Sox	
soming Date	26/09/2024	Gotalion		
	Requ	estor Field		
Type of Leave:		1	Examination Leave	
Annual Leave	Sick Leave		Hajj Leave	
Unpaid Leave Bereavement Lea	✓ Marriageve✓ New Birth		Maternity Leave	
beleavellient 200	I IVEW BILL	Leave	,	
Leave Duration (by days)	Start Day	End Day	Resumption of Duty	
one Day out	20 /04/2025	20 15/200	3 21/4/2025	
Destination & Addre Contact during Leav		Umluz.		
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Further Remarks:		Tak.		
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	HI	R Field		
Balance		Entitlement		
Last Vacation		Approved Days		
Tickets & Visa	Company Employee	Contract Type	Single Family	
110.0				
HR Remarks				
ignatures:				
A CONTRACTOR OF THE PARTY OF TH	lternative Emp. Direc	t Manager HR [Department HR Manager	
اا	D:	X	7	
THE N	ame & Signature:	W.		
01,7		H		

Date:

Date:

Date: