

## **Leave Request Form**

Employee Into:						
Name	Mohammad 786				3059	
Department	Civil		Position T	itle	enro	O forman
Joining Date			Location	R	ed S	eg 40-03
Requestor Field						
Type of Leave:						
☐ Annual Leave ☐ Unpaid Leave	Sick Leave		e		Examination Leave Hajj Leave	
Bereavement Lea			<u> </u>		Maternity Le	eave
Leave Duratio (by days)	n Start D	ау	End	Day	Resum	otion of Duty
2 day	1A 3 166/2025		04/06/2025		10/6/2025	
Destination & Address Contact during Leave						
Further Remarks:						
Iam	going for	Иај				
		HR Fiel	d		100	
Balance Entitlement						
Last Vacation	Company 🔲	1000	oproved D _			
Tickets & Visa	Employee	Co	ontract Ty	oe	Single	☐ Family
HR Remarks						
Signatures:		D: 100		HD D		LID Manager
Requestor	Alternative Emp.	Direct Ma	nager	HR Depai	tment	HR Manager
, h	ID: Name & Signature:	Abes			1	
Jaloy						
Date:	Date:	Date:		Date:		Date:

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