

Leave Request Form

Employee Info:	34						
Name	FatchElla.		Employ	ee No.	4005		
Department	Civil		Position	Title	CZOMI	m Tom tall	202
Joining Date			Location		9/10	m Install	- ገ
				1.00	KOS	(ACA AC	
Requestor Field							
Type of Leave:	•	4					
☐ Annual Leave ☐ Unpaid Leave		ve	Examination Leave				
Bereavement Le							
		New Birth Lea			_ Wateriney		
Leave Durati (by days)	Ctart	Day	End	d Day	Resum	ption of Duty	
1 day	22/0	4/2025	22/0	9/2025	23	104/2025	
Destination & A.d Contact during Le			J	•	·		
Further Remarks:					·.		
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美国国际外外		HR Fie	eld	B 94			
Balance	1981		ntitlement	in the same was			
Last Vacation			Approved D	Days			
Tickets & Visa	Company L Employee	C	ontract Ty	pe	☐ Single	Family	
HR Remarks				_			
nk kemarks							
				1			
Signatures:							
Requestor	Alternative Emp.	Direct M	anager	HR Depa	artment	HR Manager	
1	ID:	11					
11/19	Name & Signature:	hogo					
7							
	*						\dashv
Date:	Date:	Date: 2/_	04-2020	Date:		Date:	