

## **Leave Request Form**

Name Abdo Department Civ	el Kabis EL	Employee No. Position Title	4001 Gyps and museking
Joining Date		Location	Typsum Installe Red Sea HC-03
	Reques	stor Field	
ype of Leave: Annual Leave Unpaid Leave Bereavement Leave	Sick Leave Marriage Le		Examination Leave Hajj Leave Maternity Leave
Leave Duration (by days)	Start Day	End Day	Resumption of Duty
2day	26/5/25	2715125	2015125
Destination & Address			
Contact during Leave			
urther Remarks:	fatheris no Death Certi	more, unab ficate, belance	le to provide leath happened a
Further Remarks:  Sady, My  Balance Last Vacation Tickets & Visa		more, unab hicate, belance Field Entitlement Approved Days Contract Type	le to provide leath happened e
Sadly, My  Balance Last Vacation	HR	E Field Entitlement Approved Days	
Balance Last Vacation Tickets & Visa HR Remarks	HR	E Field Entitlement Approved Days	
Balance Last Vacation Tickets & Visa HR Remarks	Company Demployee	R Field Entitlement Approved Days Contract Type	

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Date:

Date:

Date: