

Leave Request Form

Employee Info:				LOW W		
Name	biggy Raje	od	Employee	e No.	2802	
Department	ril		Position 1	Title (Painter	
Joining Date			Location	A	ed re	29 UC -02
A CONTROL OF THE PARTY OF THE P						
		Requestor	Field	Maria Ka	design of the second	
Type of Leave:				10.		
Annual Leave	Sick Leave				Examination Leave Hajj Leave	
Unpaid Leave	Marriage Lea				Maternity Leave	
Bereavement Leave New Birth Leave Maternity Leave						ave
Leave Duration (by days)	Start D	ay	End	Day	Resump	tion of Duty
Iday	2061	2025	28 16	125	29	16125
Destination & Addre Contact during Leav	The same of the sa					
Further Remarks:	. 1 54.					and the State State of State o
going to	Umrah					
		HR Fie	ld			
Balance	Entitlement					
Last Vacation		A	pproved D	ays		
Tickets & Visa	Company Employee		Contract Type		Single Family	
HR Remarks						
Signatures:						
Requestor	Alternative Emp.	Direct M	anager	HR Depai	rtment	HR Manager
Lines of	ID: Name & Signature:		SA			
Date:	Date:	Date:		Date:		Date:

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