

Leave Request Form

Employee Info:

Name	Abdel Malek	Employee No.	2009
Department	Civil	Position Title	C Mason-Tiler
Joining Date		Location	Rd Seg HC-03

Requestor Field

Type of Leave:

<input type="checkbox"/> Annual Leave	<input type="checkbox"/> Sick Leave	<input type="checkbox"/> Examination Leave
<input checked="" type="checkbox"/> Unpaid Leave	<input type="checkbox"/> Marriage Leave	<input type="checkbox"/> Hajj Leave
<input type="checkbox"/> Bereavement Leave	<input type="checkbox"/> New Birth Leave	<input type="checkbox"/> Maternity Leave

Leave Duration (by days)	Start Day	End Day	Resumption of Duty
1 day	21/5/2025	21/5/2025	22/5/2025

Destination & Address	
Contact during Leave	

Further Remarks:

For passport renewal.

HR Field

Balance		Entitlement	
Last Vacation		Approved Days	
Tickets & Visa	<input type="checkbox"/> Company Employee	Contract Type	<input type="checkbox"/> Single <input type="checkbox"/> Family
HR Remarks			

Signatures:

Requestor	Alternative Emp.	Direct Manager	HR Department	HR Manager
MALIK	ID: Name & Signature:	Abdel		
Date:	Date:	Date: 20-05-2025	Date:	Date: