

Leave Request Form

Employee Info:

Name	Indra Komal Jheel	Employee No.	2953
Department	Civil	Position Title	Helper
Joining Date		Location	Red Sea HCO

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

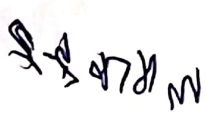
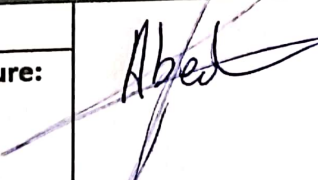
Destination & Address	
Contact during Leave	

Further Remarks:

for passport renewal.

HR Field	
Balance	Entitlement
Last Vacation	Approved Days
Tickets & Visa	Contract Type
HR Remarks	

Signatures:

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

2025