

Leave Request Form

Employee Info:

Name	Shir Dhyal	Employee No.	3362
Department	Civil	Position Title	Scaffolder
Joining Date		Location	Red Sea HC-02

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	Jeddah
Contact during Leave	

Further Remarks:

for transport Renewal.

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

Signatures:

Requestor	Alternative Emp.	Direct Manager	HR Department	HR Manager
 ID: Name & Signature:		 Date: 22 May 25		
Date: 20-5-2025	Date:	Date:	Date:	Date: