

### Leave Request Form

**Employee Info:**

Name	Hani Subhai	Employee No.	3394
Department	Civil	Position Title	Supervisor
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	14/06/2025	14/06/2025	15/06/2025

Destination & Address	
Contact during Leave	

**Further Remarks:**

Due to travel from leave not feeling well.
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**HR Field**

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

**Signatures:**

Requestor	Alternative Emp.	Direct Manager	HR Department	HR Manager
	ID:			
	Name & Signature:			
Date:	Date:	Date: 14 June 25	Date:	Date: