

## **Leave Request Form**

Employee Info:			
Name	Edul Aleem	Employee No.	3870
Department	Civa'l	Position Title	remail torman
Joining Date		Location	remal forman
Requestor Field			
Type of Leave:  Annual Leave	☐ Sick Leav	e $\square$	Examination Leave
Unpaid Leave	Marriage	= =	Hajj Leave
Bereavement Leave New Birth Leave Maternity Leave			
Leave Duration (by days)	on Start Day	End Day	Resumption of Duty
1 day	, 10/6/201	15 10/6/2025	11/6/25
Destination & Add Contact during Lea			
Further Remarks:			
I was on Annual legre.			
There is one day delay torrejoin me duty.			
		IR Field	
Balance		Entitlement Approved Days	
Last Vacation Tickets & Visa	Company C	Contract Type	Single Family
HR Remarks	Employee		
Signatures:			
Requestor	Alternative Emp. Dire	ect Manager HR Depa	rtment HR Manager
عبرالعليم	ID: Name & Signature:	Chi.	
Date:	Date: Date	e: Date:	Date:
			Dutc.

**HR** Department

