

## **Leave Request Form**

Employee Info:  Name   Noturn kapa not   Position Title   Continum to	Employee Info:		0 0	Employee No.	U2	50	
Requestor Field	Name	Mohein kavami			( , 0 ,	Sparta Open	
Requestor Field	Department	Civil		Position Title	4464	ym Invitor	
Requestor Field   Type of Leave:		Civici		Location	V Ko	d Nes H(+05)	
Type of Leave:  Annual Leave  Inpaid Leave							
Annual Leave   Marriage Leave   Hajj Leave   Unpaid Leave   Marriage Leave   Maternity Leave   Mate	Requestor Field						
Annual Leave   Marriage Leave   Hajj Leave   Unpaid Leave   Marriage Leave   Maternity Leave   Mate	Type of Leave:				Examinat	ion Leave	
New Birth Leave   Maternity	Annual Leave		<u> </u>	/P			
Leave Duration (by days)  1 day  20 / 4/L025  Destination & Address Contact during Leave  Further Remarks:  T am going to first form Umran.  HR Field  Balance Last Vacation Tickets & Visa HR Remarks  Signatures:  Requestor  Alternative Emp. Direct Manager  HR Department HR Manager  ID: Name & Signature:  Date: Date: Date:		- Dir Birth Los			Maternity Leave		
Destination & Address   Contact during Leave   Contact Type   Cont	Bereavement Le	eave		Ţ.			
Destination & Address Contact during Leave  Further Remarks:  I am going to fir form Umran.  HR Field  Balance Last Vacation Tickets & Visa HR Remarks  Contract Type  Signatures:  Requestor  Alternative Emp. Direct Manager  HR Department HR Manager  Date: Date:  Date:  Date:		AND DESCRIPTION OF THE PARTY OF	tart Day	End Day	特色基件等企		
Further Remarks:  I am going to Parform Umrah.  HR Field  Balance Last Vacation Tickets & Visa HR Remarks  Signatures:  Requestor Alternative Emp. Direct Man.iger HR Department HR Manager  ID: Name & Signature: Date: Date: Date: Date:			14/2025	20/4/20	025 2	1/4/2025	
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HR Field  Balance Last Vacation Tickets & Visa HR Remarks  Signatures:  Requestor  Alternative Emp. Direct Manager  HR Department HR Manager  HR Manager  HR Manager  Date: Date: Date: Date: Date:			Makka.	1		F. 6 E	
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Last Vacation Tickets & Visa HR Remarks  Signatures:  Requestor Approved Days Contract Type Single   Family  HR Department   HR Manager  HR Manager  ID: Name & Signature: Date: Date: Date:			The State of the S				
Tickets & Visa    Company   Contract Type   Single   Family	Balance				An (+1)		
Signatures:  Requestor  Alternative Emp.  Direct Manager  HR Department  HR Manager  ID:  Name & Signature:  Date:  Date:	Last Vacation	Compan			□Sing	ale	
Signatures:  Requestor  Alternative Emp.  Direct Manager  HR Department  HR Manager  ID:  Name & Signature:  Date:  Date:  Date:	Tickets & Visa		, .	Contract Type		gic	
Signatures:  Requestor  Alternative Emp.  Direct Manager  HR Department  HR Manager  ID:  Name & Signature:  Date:  Date:  Date:							
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Requestor  Alternative Emp.  Direct Manager  HR Department  HR Ivialiager  HR Ivialiager  Date:  Date:  Date:	Cianatures:						
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