

Leave Request Form

Employee Info:			100 CE (A)	NO.	310%	2		
Name Eddie Sederia Department Civil			Emplo	yee No.	Mason-Tiler Red Sea-HC-2			
Department	Chal		Positio	n Title	777			
	CIVII		Locatio	on	Ked	Seq-HIOZ		
Joining Date			and the same of th		The Wall of the St.			
		Daeur	estor Field					
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Type of Leave:	-	Ť=				ion Leave		
Annual Leave Sick Leave] Hajj Leav			
✓ Unpaid Leave✓ Bereavement Leave✓ New Birth								
Bereavement Le	ave	I New Birti	Leave				ı	
Leave Duration	on			d Day	Resu	mption of Duty		
(by days)		Start Day	E	la Day			1	
			17	104/2025	5	/ /		
5 Days		13/04/2025	5 ///	0112000	1000	11.00	,	
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Destination & Add	iress							
Contact during Lea		MATERIAL PROPERTY.						
Further Remarks:								
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		Per character and a second	Entitlemer	it				
Balance			Approved	Days				
Last Vacation Company		iny 🔲	Contract Type		☐ Single ☐ Family			
Tickets & Visa	Employee							
HR Remarks								
Was a supplied to the supplied								
Signatures:	all and the	Emp Direct	Manager	HR Depa	rtment	HR Manager		
Requestor	Alternative	-IIIp Billet				un managei		
	ID:	hura:	A Solin					
	Name & Signa	ture.	7			,		

Date:

Date:

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