

Leave Request Form

Employee Info:				7
Name Zaday	Labar	loyee No.	2822	
Department C	Posi	tion Title	aron-lile	
Joining Date	Loca	ation Roo	2022 aron-lilw d Neguc-03	
	Requestor Fiel	d		
Type of Leave:		Ex	amination Leave	
Annual Leave	Sick Leave Marriage Leave	ge Leave Hajj Leave		
Unpaid Leave	New Birth Leave	Ma	aternity Leave	
Bereavement Leave			- C Duty	
Leave Duration	Start Day	End Day	Resumption of Duty	
(by days)		-3 15 mors	1 1	
2 day	2,215/2025 2	-315 1200		
Destination & Address	liyad.	W		1 400
Contact during Leave	(11 11	100
	Mary Mary		0. 1	
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	7			
	HR Field	lement	<i>y</i>	
Relance	Appl	roved Days	□ ramily	
Balance Last Vacation		tract Type	Single Family	
	mployee			
HR Remarks				
				Super A
	1	ager HR Depa	rtment HR Manager	
Signatures:	rnative Emp. Direct Man	agei	The second second	
Requestor	uty K			
Nam	e & Signature:		145	
4 7				
		Date:	Date:	
JW1.h	Date: 10, 6	20		
Date: / Date	!: · · · · · · · · · · · · · · · · · · ·	ols		