

Leave Request Form

Employee Info:

Name	Muhammad Haroon	Employee No.	4267
Department	Civil	Position Title	Helper
Joining Date		Location	Red Sea HC-03

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	12/06/2025	12/06/2025	14/06/2025

Destination & Address	
Contact during Leave	

Further Remarks:

I want to hospital, I was sick.

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
<div>Signature: </div> <div>Date: _____</div>	<div>ID: _____</div> <div>Name & Signature: _____</div> <div>Date: _____</div>	<div>Signature: </div> <div>Date: 14-06-2025</div>	<div>Signature: _____</div> <div>Date: _____</div>	<div>Signature: _____</div> <div>Date: _____</div>