

Leave Request Form

Employee Info:

| | | | |
|--------------|-----------|----------------|------------------|
| Name | Alecanjar | Employee No. | 3001 |
| Department | CM1 | Position Title | Gypsum Installer |
| Joining Date | | Location | Red Sea HC-02 |

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 | 30/6/2025 | 30/6/2025 | 1/7/2025 |

| | |
|-----------------------|--|
| Destination & Address | |
| Contact during Leave | |

Further Remarks:

| |
|------------------------------|
| Visit Doctor for tooth Ache. |
|------------------------------|

| 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 |
|-----------|--------------------------|----------------|---------------|------------|
| | ID: Name & Signature: | | | |
| Date: | Date: | Date: | Date: | Date: |