

Leave Request Form

Employee Info:

Name	Ajooddeen Ansa	Employee No.	1957
Department	Civil	Position Title	Welder
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	2/7/2025	2/7/25	3/7/25

Destination & Address
Contact during Leave



Further Remarks:

Visit hospital.

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: 01-7-25	Date:	Date: