

Leave Request Form

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Department Civil		Employee No.	738	
		Position Title	lason	
Joining Date			dreamc-or	
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	Requestor	Fleid		
Type of Leave: Annual Leave	☐ Sick Leave	Пв	mination Leave	
Unpaid Leave	☐ Marriage Leave		lajj Leave	
Bereavement Leave	☐ New Birth Leav		aternity Leave	
1 - S - 19-				
Leave Duration (by days)	Start Day	End Day	Resumption of Duty	
	201612	20 16 12025	11	
2 days	29/6/2025	30 16 12025	1 1	
	- Maria de la Carta de la Cart			
Doction C Address				
Destination & Address				
Contact during Leave				
Contact during Leave				
Contact during Leave Further Remarks:				
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Contact during Leave Further Remarks: I have to d		ield Entitlement	ely (Amucal	
Contact during Leave Further Remarks: I have to d Balance	HRE	ield	ely (Amual	
Further Remarks: I have to d Balance Last Vacation		ield Entitlement	Single Family	
Further Remarks: I have to d Balance Last Vacation	HR F	ield Entitlement Approved Days		

Requestor	Alternative Emp.	Direct Manager	HR Department	HR Manager
	ID:	N		
	Name & Signature:	1 4-		
1h/		1		
		M.		
J		V	Date:	Date:
Date:	Date:	Date:	V Date.	