

Date: 21 5 25 Date:

Leave Request Form

Employee Info:		1	
Name Ani	Kumaryadav	Employee No.	3091
Department Civi		Position Title	Mason-Tiles
Joining Date		Location	Mason-Tilex Red Seg HC-02
			ACC SCOTIC
S. Vinces and Market St.	Requesto	r Field	
Type of Leave:			
Annual Leave	Sick Leave		Examination Leave
Unpaid Leave Bereavement Leave	Marriage Leav		Hajj Leave Maternity Leave
Bereavement Leave	New Birth Lea	ve	iviaterinty Leave
Leave Duration (by days)	Start Day	End Day	Resumption of Duty
1 day	21 /5/2025	21/5/202	22/5/2025
Destination & Address Contact during Leave			
Further Remarks:			
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Balance		Entitlement	
Last Vacation		Approved Days	
Tickets & Visa	ompany ovee	Contract Type	☐ Single ☐ Family
HR Remarks			
Signatures:			
Requestor Alterna	tive Emp. Direct N	Manager HR D	Department HR Manager
ID:	Signature	10/2015	

Date:

Date: