

## Leave Request Form

Employee Info:						
Name Shuba	sh dand	Employee No.	2993			
Department Con	1	<b>Position Title</b>	Team L	eadox		
Joining Date		Location	Red Sag	HC-02		
	Request	or Field				
Type of Leave:	Pe of Leave:  Annual Leave Sick Leave			Examination Leave		
Unpaid Leave			e Hajj Leave			
Bereavement Leave	Bereavement Leave New Birth Leav		ve Maternity Leave			
Leave Duration (by days)	Start Day	End Day	Resum	ption of Duty		
2 days	28/5/2025	29/5/20	025 31	15/2025		
Destination & Address						
Contact during Leave						
Further Remarks:						
Kaning Some Stomach fain Need to Vinit						
CONTRACTOR STATE	HR F					
Balance						
Last Vacation	Company [	Approved Days				
Tickets & Visa	」Company	Contract Type	☐ Single	E   Family		
HR Remarks	-		la.			
Signatures:						
Requestor Alter	native Emp. Direct	Manager HR [	Department	HR Manager		
Hame Name	& Signature:			,		
Date: Date:	Date: 4	May 85 Date	•	Date:		

