

Leave Request Form

nployee Info:			
Name N	urulheig	Employee No.	2817
Department	iva's	Position Title	Grosum Install
oining Date	10/1	Location	Gypsum Install
			No 3 of the s
	Request	or Field	Commence of the second
pe of Leave:			
Annual Leave	Sick Leave		Examination Leave
Unpaid Leave	Marriage Lea		Hajj Leave
Bereavement Leave	New Birth Le	ave	Maternity Leave
Leave Duration (by days)	Start Day	End Day	Resumption of Duty
	0917125	09/9/2	5 //
Iday	011112	1	
Destination & Addre	ess		
Destination & Addre Contact during Leav urther Remarks:	ess		
Destination & Addre Contact during Leav urther Remarks:	ess		going to home.
Destination & Addre Contact during Leav urther Remarks:	e e	ropping,	going to home.
Destination & Address Contact during Leaveurther Remarks: I	to do some si	ield Entitlement	going to home.
Destination & Addresse Contact during Leaveurther Remarks: I Agre 1	to do some si	ield Entitlement Approved Days	
Destination & Addresse Contact during Leaveurther Remarks: I Agre 1 Balance Last Vacation	HRE	ield Entitlement	going to home,
Destination & Addresse Contact during Leaveurther Remarks: I Agre 1 Balance Last Vacation	to do some si	ield Entitlement Approved Days	
Destination & Address Contact during Leave urther Remarks: I Lave 1 Balance Last Vacation Tickets & Visa	HRE	ield Entitlement Approved Days	
Destination & Addressentation	HRE	ield Entitlement Approved Days	
Destination & Addresser Contact during Leave urther Remarks: I	HRE	ield Entitlement Approved Days Contract Type	Single Family
Destination & Addresser Contact during Leaveurther Remarks: I Lave 1 Balance Last Vacation Tickets & Visa HR Remarks	HRE	ield Entitlement Approved Days Contract Type	
Destination & Addressent Contact during Leaveurther Remarks: I Lave 1 Balance Last Vacation Tickets & Visa HR Remarks	HR F Company Employee Alternative Emp. Direct ID: Name & Signature:	ield Entitlement Approved Days Contract Type	Single Family
Destination & Address Contact during Leave urther Remarks: I Agree Balance Last Vacation Tickets & Visa HR Remarks Signatures: Requestor	HR F Company Employee Alternative Emp. Direct ID: Name & Signature:	ield Entitlement Approved Days Contract Type	Single Family Department HR Manager

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