



Leave Application Form

Name : Fachriyan Rizki Ibrahim
Portfolio : Back End Developer
Department : DIV049 - IT Digital, Automation & Front-End Solutions

☒ Annual ☐ Medical ☐ Others ☐ Replacement
☐ Emergency / Compassionate

Reason(s)

Cuti Tahunan

From : 24 / 12 / 2025 To : 24 / 12 / 2025 Day(s) : 1

Signature : _____

Date : 22 / 12 / 2025 Time : _____ : _____ AM / PM

In case of any work related urgency, I am contactable at : +628 1384867797

Note :

To allow a timely processing of your leaves & to avoid any unforeseen delays,
You are required to submit ANNUAL leave(s) application to HR department atleast 3 days in advance.

For Official Use Only

Recommendation(s) by Manager / HoD : ☒ Approved ☐ Not Approved

Approved By Human Resource

Signature : _____

Date : _____ / _____ / _____

Time : _____ : _____ AM / PM

Approved By Director - IT Services

Signature : _____

Date : 22 / 12 / 2025

Time : _____ : _____ AM / PM

Annual :	<input type="checkbox"/> Entitlement	<input type="checkbox"/> Taken	<input type="checkbox"/> Balance
Medical :	<input type="checkbox"/> Entitlement	<input type="checkbox"/> Taken	<input type="checkbox"/> Balance
Others :	<input type="checkbox"/> Entitlement	<input type="checkbox"/> Taken	<input type="checkbox"/> Balance
Emergency / Compassion :	<input type="checkbox"/> Entitlement	<input type="checkbox"/> Taken	<input type="checkbox"/> Balance
Replacement :	<input type="checkbox"/> Entitlement	<input type="checkbox"/> Taken	<input type="checkbox"/> Balance

Remarks :