

Employee Leave Request Form

Leave Type :

☐ Annual Leave ☐ Sick Leave ☐ Emergency Leave
☐ Casual Leave ☐ Maternity Leave ☐ Other Leave
☒ Compassionate Leave ☐ Paternity Leave _____

EMP NO. : _____ Nationality : **Indian**
 Name : **Tasneem Yusuf Khairulla**
 Designation : **Customer Success Officer** Joining Date: **15th May 2023**
 Passport No: **U3847730** Expiry Date: **20/09/2030**
 Visa Status: _____ Expiry Date: _____

LAST VACATION FROM : _____ TO : _____

LAST VACCATION EXTRA: _____

NEW VACATION REQ DATE: _____

TRAVELLING DATE

FROM : **4th April 2025** TO : **11th April 2025**

ORIGIN AIRPORT: _____ DESTINATION AIRPORT : _____

Contact Details Home Country:

Contact Persons (1) _____ Contact No _____
 Contact Persons (2) _____ Contact No _____

Contact Details Local:

Contact Persons (1) _____ Contact No _____
 Contact Persons (2) _____ Contact No _____

Name of Employee :

Signature :



DO NOT FILL OUT BELOW THIS LINE (FOR OFFICE USE ONLY)

Department Supervisor/Incharge/Manager	Leave Recommended:	If not Approved, Suggest an alternate date:	Signature
	<input type="checkbox"/> Yes <input type="checkbox"/> No		

FINAL APPROVAL	Number of days accrued:		(HR)	(Management)
	Number of days paid:			
	Number of days unpaid:			

HR DEPARTMENT

(TO BE FILLED, ONCE EMPLOYEE REJOIN)

Returned date		Rejoining Approved by	
Re-Joining Date			
LEAVE EXT.REQ.DATE			
EXTD JOINING DATE			
COMMENTS :			