

WORKER LEAVE CLEARANCE

| | |
|-----------------------------|-------------------------------------|
| Name: _____ | Employee No.: _____ |
| Department / Project: _____ | Position: _____ |
| Departure Date: _____ | Return Date: _____ |
| Type of Leave _____ | Contact No.: _____ (Designation) |

☐ Annual
 ☐ Unpaid
 ☐ Sick
 ☐ Emergency

A. Items Issued

☐ Tools
 ☐ Equipment
 Others (Specify) _____

 Placeholder
 Signature and Date

APPROVAL/NOTED

 Placeholder
 Immediate Supervisor/Signature and Date

 Placeholder
 Accounting Department's Signature and Date

EMPLOYEE AFFIDAVIT

I hereby declare that all the items issued to me by BGC were returned to the staff-in-charge and receive the following:

☐ Passport
 ☐ Ticket
 ☐ Settlement
 ☐ Others: _____

This is to confirm that I will be on leave from _____ to _____ and certify that I will be back on _____

It is understood that my leave is still part of my employment with BGC. As per Qatar Labour Law, absence without legitimate cause of sever (7) consecutive days or fifteen (15 days) is a year will result to the termination of my services and disqualification for the end of service gratuity.

 Placeholder
 Employee Signature

 Placeholder
 Date

FOR BGC HUMAN RESOURCES USE ONLY

Check and Final Approval by: _____
 Placeholder
 HRA Manager Signature and Date