PRETECT Value Through Performance	PREVENT AND PROTECT W.L.L.	*Doc. No.:*	*HRD-F003*
	HUMAN RESOURCE DEPARTMENT	*Revision:*	*4*
	LEAVE REQUEST FORM	*Date:*	*29-08-2023*

Name:		Emp. No.:	
Designation:		Joining Date:	
Department:			

To be accomplished by the employee.

TYPE OF LEAVE

☐	Annual Leave	☐	Unpaid
☐	Part Annual Leave	☐	Compassionate Leave
☐	Maternity Leave	☐	Others:
☐	Sick Leave		

LEAVE DETAILS

Start of Leave	From:		Leave Days:	
	To:			
Resume to Work	On:			

ADDRESS DURING LEAVE

EMPLOYEE'S SIGNATURE

Name/Signature	*Date*

APPROVALS

Department Supervisor	*Name*	*Signature*	*Date*
Department Manager	*Name*	*Signature*	*Date*

To be filled-in by the HR Department.

LEAVE ENTITLEMENTS

Leave Balance Days:		As of Date:	
Leave Settlement Request (Yes/No)		Issued Date:	
Annual Flight Ticket Eligibility (Yes/No)		Issued Date:	

CONFIRMATION

HR Personnel-In-Charge	*Name*	*Signature*	*Date*
HR Lead	*Name*	*Signature*	*Date*
General Manager	**DAVID WALLACE** *Name*	*Signature*	*Date*

Attachments: flight ticket/s-leave settlement calculation -certificate/s