



LEAVE REQUEST FORM

Date: / /

Full Name: _____		ID Number: _____	
Department: _____		Date of employment: _____	
Type of leave requested:			
<input type="radio"/> Annual leave/vacation		<input type="radio"/> Business trip	
<input type="radio"/> Maternity/paternity leave		<input type="radio"/> Marriage leave	
<input type="radio"/> Hajj leave		<input type="radio"/> Study/Exams leave	
<input type="radio"/> Sick leave (One Day)		<input type="radio"/> Leave without pay	
<input type="radio"/> Special leave with pay (Five Days)			
Other: _____			
Number of days (inclusive):		Date of leave:	Date of return:
_____		_____	_____
Address while on leave (including contact phone number):		Replacement(s) while on leave:	
_____		_____	
Special requirements:			
Exit-Re-Entry Visa: <input type="radio"/> Yes <input type="radio"/> No		Travel Visa: <input type="radio"/> Yes <input type="radio"/> No	
Reason for the leave and any relevant further information:			

Employee's name and signature:			Date:
_____			_____
Official Use Only			
Dean's / Head of dept's recommendation, name and signature:			Date:
_____			_____
HR representative recommendation, name and signature:			Date:
_____			_____
VP for Administrative Affairs / VP for Academic Affairs:			Date:
_____			_____