**LEAVE APPLICATION FORM**

* *This form is required in any event an employee takes leave.*
* *Section A & B to be completed by the Applicant and submitted to his/her Direct Supervisor for approval, then to the HR & Admin Department.*
* *Separate Leave Forms must be used for each leave request, in case he is taking different types of leave at once.*

|  |
| --- |
| Section A: Employee Details (To be completed by Employee) |
| Name |       | Staff No. |       |
| Designation |       | Department |       |
| Contract Type | [ ]  Permanent [ ]  Others, Please specify: …………………………… |
| Joining Date |       | Substitute Employee is needed? | [ ]  Yes [ ]  No |
| Section B: Leave Details (To be completed by Employee) |
| TYPE OF LEAVE *(Please tick and attach necessary documentation in accordance with relevant HR policy)*[ ]  Annual Leave [ ]  Medical Leave [ ]  Maternity Leave[ ]  Bereavement/ Death [ ]  Hajj Leave [ ]  Unpaid Leave [ ]  Emergency (Reasons): ………………………………………………………………………………………………………………………………………………………………………………………… |
| Start Date |       | End Date |       | Duty Resuming Date |       |
| No. of Calendar Days |       | Leave Type | [ ]  Local [ ]  Outside the UAE |
| Is the leave in lieu of worked holiday? | [ ]  Yes [ ]  No [ ]  N/AIf yes, Which date(s) was the worked holiday?       Remarks:       |
| Leave Contact Details | Address:       Telephone (Mob):       Telephone (Res):       |
| Request for Leave Salary | [ ]  Yes\* [ ]  No [ ]  N/A *\* To be able to process payment on time, Leave Request form should be submitted to HR & Admin Department at least one month before scheduled leave and it must be minimum of 15-days leave.* |
| Employee’s Signature |  | Date |  |
| ENDORSEMENTS | NAME | SIGNATURE | DATE |
| Direct Supervisor |       |       |       |
| Department Manager |       |       |       |
| COO *(If applicable)*  |       |       |       |
| CEO*(If applicable)*  |       |       |       |

|  |
| --- |
| Section C: HRD USE ONLY |
| Accrued Leave Days |       | Requested Days |       | Current Balance |       |
| Unpaid days (if any)? |       | Amount of unpaid days? |       | Payroll period of action? |       |
| Leave Salary approved? | Yes [ ]  No [ ]  N/A [ ]  | Leave Salary amount? |       |
| PROCESSED BY: | NAME | SIGNATURE | DATE |
| HR & Admin Clerk |       |       |       |
| ENDORSED BY: | NAME | SIGNATURE | DATE |
| Finance & Acc. Manager |       |       |       |
| APPROVED BY: | NAME | SIGNATURE | DATE |
| HR & Admin Manager |       |       |       |