**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/A  If 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 |  | |  | |  |