



LEAVE REQUEST FORM

Employee Information			
Name			Nationality
ID number	Department		
Job Title			Join Date
Contact Number	Home Address		

Vacation Details					
Type of Vacation	Annual leave with Pay <input type="checkbox"/>			Medical Leave <input type="checkbox"/>	
	Annual leave Without Pay <input type="checkbox"/>			Other <input type="checkbox"/> Specify:.....	
Duration	Start:	End:	Number of Days	Leave Credit	
Work Resumption:					

Employee Name and Signature:	
Date:	

Reviewed/Approved by the Head of Department/Center	
Name:	
Signature & Date	

To Be Filled by Contract Administration		
Date Received	Number of Days Approved	Recommendation

Approved by Contract Administration Unit	
Name:	Mr. Mansour Ibraheem Al-Marhoon
Signature & Date	

Approved & Recommended by the Director General of Research Support Department	
Name:	Mr. Mohammad Abdulaziz Al-Suwaiye
Signature & Date	