Human Resources Department

Leave Request

Staff Data	
Name	
Rank	
Job title	
Duty Station	

His excellency _____, May Allah Protect Him

Peace, mercy, and blessings of Allah be upon you.

Please approve my leave request

◯ Regular ◯ Exceptional ◯ Emergency ◯ Educational ◯ Maternity

For a period of (--------) days starting from ---------- corresponding to -----/-------\------14 AH

Signature of the Applicant ---------- date --------/----------/-----14 AH

Recommendation of Immediate Supervisor	
◯ **Approval** ◯ **Disapproval due to** _____	
Name	
Signature	

Review of Human Resources Department	
Total balance (—) up to date ——/——/14— A.H last leave period (—) starting date ——/——/14— A.H ◯ The leave is due by regulation ◯ The leave is not due by regulation	
Name	
Signature	

Recommendations of the authorized person	
◯ Approved & to complete the necessary ◯ Disapproved due to ----------	Post: ---------- Name: ---------- Signature: ----------
Copy	

Number:_____ Date: _____