



Leave -Taking Form
(Routine/Emergency/Exceptional/Patient Attendant)

Name:..... Position.....
Place of work:.....Ibri.....File No.....Fi. Category:.....
Leave starts on:.... corresponding to : / /2013.....
Leave ends on: corresponding to : / /2013.....
Total number of off days:day(s).
Employee's address while leave..... Tel:.....
Date of application: / /2013..... Sig.

In case of emergency leave, please mention causes

- 1.
- 2.

HOD Approval:

- I approve giving him/her the permission to leave
- I do not approve his/her leave for this period as per the conditions of work
- I suggest postponing his/her departure till / / as per the conditions of work

HOD Sig. :.....

Head of Finance & Admin Affairs Approval:

- I approve
- I do not approve

HOFAA Sig.

Head f Unit Approval:

- I approve
- I do not approve

HOU Sig.

Notes:

- *Kindly requested to refer to Art.(145) of the Executive Charter of Civil Service law relevant to Patient Attendance leave.
- *Kindly requested to refer to Art.(113) of the Executive Charter of Civil Service law relevant to emergency leave.
- * Request for routine leave must be submitted no less than 20 days before departure so as to deposit salary in advance.