



**Leave -Taking Form
(Hajj / Accompanying spouse / Study/ Maternity)**

Name:.....Position..... File No.....
Place of work:..... Fi. Category:..... Date of employment:.....
/..... /.
Status of employment:..... Hiring expires on:.....(for Expatriates only)
On leave starts from: / / to: / / (total of day(s) (Booking
document or certificate must be attached).
Name of attendant (for Haj/spouse company)
Date of application: / /20..... Sig.

For study /maternity leave) Please attached relevant document(s)

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

HOD Sig. :.....

Head of Finance & Admin Affairs Approval:

- I approve
- I do not approve

HOFAA Sig.

Head of Unit Approval:

- I approve
- I do not approve

HOU Sig.