



**Leave -Taking Form  
( Unpaid Leave)**

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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. ....

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**In case of emergency leave, please mention causes**

- 1.
- 2.

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**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. :.....

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**Director General of the Colleges of Applied Sciences Approval:**

- I approve
- I do not approve

Director General Sig. ....

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**Head f Unit Approval:**

- I approve
- I do not approve

HOU Sig. ....

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**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.