ANNUAL LEAVE REQUEST FORM

As per Federal Decree-Law No. 33 of 2021 — Article 29

1. EMPLOYEE DETAILS

Employee Name: _____ **Employee ID:** _____

Department: _____ **Designation:** _____

Date of Joining: _____ **Application Date:** _____

2. LEAVE DETAILS

☐ Annual Leave ☐ Carry-over Leave ☐ Other: _____

Leave Start Date: _____ **Leave End Date:** _____

Total No. of Days: _____ **Resuming Duty:** _____

3. LEAVE BALANCE (TO BE FILLED BY HR)

Item	Days
Total Annual Leave Entitlement	
Leave Already Taken This Year	
Balance Before This Request	
Balance After This Request	

4. CONTACT DURING LEAVE

Phone / Mobile: _____ **Email:** _____

Travel Destination: _____

5. WORK HANDOVER

Delegated To: _____ **Designation:** _____

Handover Notes: _____

6. EMPLOYEE DECLARATION

I confirm that the information above is accurate. I understand that my annual leave is subject to approval by my line manager and HR department, and that leave salary will be processed in accordance with Article 30 of Federal Decree-Law No. 33 of 2021.

Employee Signature: _____ **Date:** _____

7. APPROVALS

Line Manager

☐ Approved ☐ Not Approved Reason: _____

Name: _____ **Signature:** _____ **Date:** _____

HR Department

☐ Approved ☐ Not Approved Remarks: _____

Name: _____ **Signature:** _____ **Date:** _____