



LEAVE APPLICATION FORM

This form should be submitted to the Human Resources Department 1 month prior to taking the Vacation leaves. If the application is not received in due time, CMC has the right to reject application. In case of availing sick leave, medical certificate is required; In case of availing compensatory leave, time sheet or proof of extra hours is required.

Personnel Details		Employee ID	
Name	<u>LENNIN LAVA TALABAN</u>	Date	<u>SEPTEMBER 22, 2021</u>
Designation	<u>INSURANCE SUPERVISOR</u>	Date of Joining	<u>JANUARY 13, 2017</u>
Department	<u>INSURANCE DEPARTMENT</u>		

Type of Leave	Leave Applied for the Period	No of Days
☐ Sick (attach certificate)	From ____/____/____ To ____/____/____	____
☐ Maternity	From ____/____/____ To ____/____/____	____
☐ Annual	From ____/____/____ To ____/____/____	____
☐ Emergency / Unpaid	From ____/____/____ To ____/____/____	____
☐ Training / Seminar	From ____/____/____ To ____/____/____	____
☒ Compensatory Leave (attach sheet)	From <u>19 / 09 / 2021</u> To <u>19 / 09 / 2021</u>	<u>1</u>
	Against <u>03/09/2021</u> Friday work in preparation for audit	____

Applicant's contact details while on leave	
Mailing address:	<u>15 AIMdar St. Al Falah, Abu Dhabi</u>
Phone no. :	<u>0543001935</u>
E-mail address:	<u>lenninlt@gmail.com</u>
Applicant's Signature:	Date: <u>22 / 09/2021</u>

FOR OFFICIAL USE ONLY (HUMAN RESOURCE DEPARTMENT)		
Entitlement as of _____	# of Days _____	Remaining Entitlement Days _____
☐ Paid Leave	☐ Unpaid Leave	
HRD Representative Name: _____	Signature & Date: _____	

APPROVALS		
☐ Approved	☐ Rejected	☐ On Hold
Reason: _____		
Head of Department's Name: _____	Signature & Date: _____	
Branch Manager's Name: _____	Signature & Date: _____	
Administration Manager Name: _____	Signature & Date: _____	