FERNAND HOSRI GROUP HOLDING

Annual Leave Request

Date: ____ /____ /____

Employee's details

First name:

Surname:

Division

☐ ETS FA HOSRI ☐ FA HOSRI SAL ☐ Sacotel | Urmet ☐ Sacotel | Znshine

Leave type

☐ Paid Leave (full day)
☐ Paid Leave (half day)
☐ Unpaid Leave
☐ Exceptional Leave

Remarks:

Period of leave

	Day	Month	Year
Last day of work:			
Return to work date:			

Total number of working days off:

Mon	Tue	Wed	Thu	Fri	Sat	Sun

Signature of Employee:

Head of Department Signature:

Management Approval: _____

N.B: Any leave request should be presented at least ONE WEEK ahead of the request date.