Rafik Hariri University
جامعة رفيق الحريري

Staff Leave Request Form

This Form is to be filled by Staff and returned to the HR Department after approval prior to any pre-planned leave. For other types of leaves the concerned staff will have to fill this form upon reporting back to work.

Name: _____ Department/College: _____

Employment Date: _____ Entitled Vacation: _____ Day /Month

Request for:
- ☐ Annual Leave
- ☐ Sick leave (*attach medical report*)
- ☐ Business Leave (*specify*): _____
- ☐ Maternity Leave (*attach relevant documents*)
- ☐ Others (*specify and attach relevant documents if any*):_____

Starting: Ending: Total # of Working Days:

Resume work on:

Contact Number/ Address during absence: _____

Signature: _____ Date: _____

Reserved for HR Department

Number of Days		
Annual Leaves	Previous Balance	: _____
	Accumulated as of ----------	: _____
	Leave Requested	: _____
	New Balance	: _____
Sick Leaves	Total sick leave days during current year:	

Signature: _____ Date: _____

Signatures & Approvals		
Administration **Date:**	**Direct Supervisor** **Date:**	**Department Manager** **Date:**
	Final Approval **Date:**	

HR/SLRF