



Islamic Republic of Afghanistan Ministry of Rural Rehabilitation & Development

<b>LEAVE REQUEST</b> (For MRRD contracted staff only)	
Name of employee: Title:	
Department:	
Leave Requested (Tick one): Annual Leave/Sick Leave/Maternity Leave/Special Leave/Unpaid Leave	l
<b>Leave Requested from:</b> / /2009 to / /2009(dd/mm/yy)	
Total Number of Leave Days Requested:Calendar days;Work days	
The box below to be filled by the HR Department (for MRRD Kabul personnel) before approval by the Supervisor and Deputy Minister for Pillar	
Annual Leave (AL):   Total Number of AL Days for which employee is entitled: 18 working days/calendar year   Total Number of AL Days already used: days   Total Balance of AL Days before this request: days   Total Balance of AL Days after this request: days   Sick Leave (SL):   Total Number of SL Days for which employee is entitled: 12 working days/calendar year   Total Number of SL Days for which employee is entitled: 12 working days/calendar year   Total Number of SL Days already used: days   Total Balance of SL Days before this request: days   Total Balance of SL Days after this request: days   Total Balance of SL Days after this request: days   Total Balance of SL Days after this request: days   If more than 3 consecutive days of SL, doctor's certificate is necessary. Included: YES/NO   Maternity Leave (ML):   Total Weeks of duration for which employee is entitled for is 40 days. Employee can decide if she wants to take some part of her ML before delivery.   Unpaid Leave: Provide justification for leave and requested duration below:	;
Employee : Name & Title: Signature:Date:	
Verification by HR Dept:	
Name & Title:Signature:Date:	
<u>Approval from the Supervisor:</u>	
Name & Title:Date:	
Approval from the Deputy Minister for Pillar	
Name & Title:Date:	

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