THE AMERICAN UNIVERSITY IN CAIRO
Human Resources Office

LEAVE REQUEST

Staff Name:

Staff ID:

Position:

Department:

Orgn No:

Type of Leave	
A	Annual
E	Emergency
W	Leave without pay
P	Pilgrimage
S	Sick
M	Maternity

LEAVE	No of Days	Begin Date			End Date			Remaining Leave Balance

Requested by: **Date**

Department Head Approval **Date**

(Print Now) **(Reset Form)**