



SAIF BELHASA GROUP OF COMPANIES

EMPLOYEE CLEARANCE FORM

Group Company Name: _____

Date: ___/___/___.

Name: _____ **Employee No:** _____

Designation: _____ **Department:** _____

Last working Date: _____ **Leave starting from:** _____

Resume Duty on: _____

Type of Leave: Annual / Hajj / Umrah / Medical / Emergency

Remarks: _____ .

1. **Head of Dept.**

Sign: _____

2. **Fleet Dept.**

Sign: _____

3. **Accounts Dept.**

Sign: _____

4. **H.R. Dept.**

Sign: _____

5. **Personnel Dept.**

Sign: _____

Note:- Form must be submitted to H.R. Min.3 working days prior to the Travel date