



Leave Request Form

Form No. : 001/HR-TTD/PA/LR01.00.11_REV.01.1

Request No : LR/2020/10/00024435

Tanggal diajukan / Date Submitted : 21 Sep 2020

Email (Superior) : SILVANUS.SANNU@TRAKINDO.CO.ID

SN SAP/ PTFI ID : 27887 / '-

Email : ARIANTO.SUNDUN@TRAKINDO.CO.ID

Tanggal permanen PT. TU / Date of Permanent : -
Nama Karyawan / Name of employee : ARIANTO GUSTAP SAMARA SUNDUN

Status di lokasi kerja / On site status : TRANSFER / FAMILY
Tanggal bertugas di TTD / Date assigned in TTD : -

Telephone / HP : 085255926769

Business Unit : HO TTD

Alamat Cuti / Address during Leave : BUMI PERMATA SUDIANG A4/13

Dept / Section : PRODUCT SUPPORT

POH / POL : UJUNG PANDANG'-

Status Ticket : LEAVE TRAVEL TICKET

REASON OF TRAVEL (NON COBUS)

CUTI YANG LALU

Previous Leave	Leave Type	Days	From	To	Additional Days	Days	From	To
	MID LEAVE	14	27 Apr 20	10 May 20	Public Holiday	0	-	-
					Others	0	-	-
Total days of Previous Leave				14	Remarks			

CUTI YANG AKAN DIAMBIL

Current Leave	Leave Type	Days	From	To	Additional Days	Days	From	To
	ANNUAL LEAVE	23	05 Oct 20	27 Oct 20	Public Holiday	0	-	-
					Others	0	-	-
Total days of Current Leave				23	Remarks			

LEAVE SUMMARY

Tanggal Mulai Cuti / Start Leave Date	05 Oct 20	Tanggal Berakhir Cuti / End Leave Date	27 Oct 20	Tanggal Mulai Kerja / Resume on Duty	28 Oct 20	Jumlah Hari / Total Days	23 Days
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FLIGHT DETAIL

Tanggal / Date	Dari / From	Ke / To	Remarks
08 Oct 20	TIMIKA	UJUNG PANDANG	
18 Oct 20	UJUNG PANDANG	TIMIKA	

PASSENGERS DETAIL

Pengisian Data Penumpang / Passengers Data Records			
Dependent	Nama / Name	Tgl. Lahir/Birth Date	Keterangan / Remarks
EMPLOYEE	Mr. ARIANTO SUNDUN	-	EMPLOYEE

PERSON IN CHARGE DURING THE LEAVE (STAFF LEVEL)

Saya yang bertanda tangan dibawah ini, menyatakan kesanggupan untuk menerima dan melaksanakan tugas dan tanggung jawab selama periode yang tertera dalam Form ini.

I hereby undersigned, declare the ability to accept and carry out my duties and responsibilities during the period set forth in this Form.-

Name / SN : AYU N. / 31347
Title : ANALYST STRATEGY
Signature : *[Signature]* / 21/9/2020

APPROVALS (SECTION/DEPARTMENT)

1. Supervisor	Name : SILVANUS SANNU	Sign: <i>[Signature]</i>	Date : 21/9/2020
2. Superintendent	Name : - <i>[Signature]</i>	Sign: <i>[Signature]</i>	Date : 21/9/2020
3. Department Head / GOM / GM	Name : <i>[Signature]</i>	Sign: <i>[Signature]</i>	Date : 22/9/2020

CATATAN / NOTES :

CHECKED & VALIDATED BY HR

HR Coordinator / Supervisor	Name :	Sign :	Date :
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CATATAN / NOTES :