

Form No. : 007/HR-TTD/PA/LR01.00.11_REV.01.1

Request No : LR/2020/04/00023307

Tanggal diajukan / Date Submitted : 04 Mar 2020

Email (Superior)

SILVANUS.SANNUNU@TRAKINDO.CO.I
D

SN SAP/ PTE/ IID : 27987 / L

Email

ARIANTO.SUNDUN@TRAKINDO.CO.I
D

Tanggal permahan PT. TU / Date of Permahan
Nama Karyawan / Name of employee

ARIANTO GUSTAP SAMARA
SUNDUN

Status di lokasi kerja / On site status
Tanggal bertugas di TTD / Date assigned in TTD

TRANSFER / FAMILY
-

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 LALLU

Leave Type	Days	From	To
ANNUAL LEAVE	23	23 Dec 19	14 Jan 20

Additional Days	Days	From	To
Public Holiday	0	-	-
Others	0	-	-

Total days of Previous Leave : 23

Remarks

CUTI YANG AKAN DIAMBIL

Leave Type	Days	From	To
MID LEAVE	14	27 Apr 20	10 May

Additional Days	Days	From	To
Public Holiday	0	-	-
Others	0	-	-

Total days of Current Leave : 14

Remarks

LEAVE SUMMARY

Tanggal Mulai Cuti / Start Leave Date	27 Apr 20	Tanggal Berakhir Cuti / End Leave Date	10 May 20	Tanggal Mulai Kerja / Resume on Duty	11 May 20	Jumlah Hari / Total Days	14 Days
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FLIGHT DETAIL

Tanggal / Date	Dari / From	Ke / To	Remarks
01 May 20	TIMIKA	UJUNG PANDANG	BY BATIK AIR
10 May 20	UJUNG PANDANG	TIMIKA	BY GARUDA AIR

PASSENGERS DETAIL

Pengisian Data Penumpang / Passengers Data Records

1. Hanya diisi oleh karyawan dengan status tiket pengambilan tiket bukan ticket dalam atau tiket saving	1. Filled by employee who has ticket status Leave Request Ticket only not for Ticket Claim or Ticket Saving
2. Untuk tambahan penumpang hanya diisi oleh karyawan transfer dengan status membawa keluarga	2. For additional passenger only Filled by transferred employee who has family on site status only
Dependent	Nama / Name
SPOUSE	Mrs. GEBY STEFIANA
	Tgl. Lahir/Birth Date
	Keterangan / Remarks

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.

Name / SN : AVU N /

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

Title : ANALYST

Signature : *[Signature]*

Signature : *[Signature]*

APPROVALS (SECTION/DEPARTMENT)

1. Supervisor	Name : SILVANUS S	Sign : <i>[Signature]</i>	Date : 5/3/2020
2. Superintendent	Name : <i>[Signature]</i>	Sign : <i>[Signature]</i>	Date : 07/03/2020
3. Department Head / GOM / GM	Name : <i>[Signature]</i>	Sign : <i>[Signature]</i>	Date : 07/03/2020

CATATAN / NOTES :

CHECKED & VALIDATED BY HR

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