



Travel Request and Authorization

Part I - To be completed by the Requester

For scheduled leave, submit TRA to Human Resources 30 days prior to departure date for in-Kingdom leave and 45 days prior to departure date for out-of-Kingdom leave. Emergency contact information must be provided.

Department Name: _____ Cost Code: _____ Date: _____
 Name: _____ Actual No. of days absent from the project: _____
 Badge No. _____ Work Ext.: _____ Departure Date: _____ Return Date: _____

Key	Type of Leave	# of Days
M	Mid Year : <input type="checkbox"/> 10 days with pay <input type="checkbox"/> Mid Year Ticket	
A	Annual	
H	Holiday	
B	Business	
C	Continuing Education	
O	Other (specify) :	

INDICATE TYPE OF LEAVE USING KEY

Sun	Mon	Tues	Wed	Thurs	Fri	Sat

PLEASE COMPLETE THE FOLLOWING

Yes No

Request annual leave ticket

Request annual leave ticket(s) for dependent(s)

Request dependent child school ticket

Do you require an Exit/Re-entry Visa * Yes No

Length of Re-entry Visa (dependent only) _____ Months
(If longer than two (2) months)

Employee to pay for Exit/Re-entry visa? Yes No

DEPENDENT INFORMATION: (if dependents will travel, please complete)

Name	Age
_____	_____
_____	_____
_____	_____
_____	_____

TRAVEL DESTINATIONS / COUNTRIES TO BE VISITED

Name	Visa Required
_____	<input type="radio"/> Yes <input type="radio"/> No
_____	<input type="radio"/> Yes <input type="radio"/> No
_____	<input type="radio"/> Yes <input type="radio"/> No

I request permission to leave the jobsite for the days listed above. I have read, understood, and will comply with the instructions attached to this **Travel Request and Authorization** and/or other policies that may apply.

Contact address for emergency purposes during leave will be:
 Telephone Number : _____

Employee Signature _____ Date _____ Supervisor Signature _____ Date _____ Department Head Signature _____ Date _____

Part II - To be completed by Human Resources

Date of Hire : _____ Point of Origin : _____ Status : Accompanied Unaccompanied

Leave	Accrued to date	Taken to date	Req'd	Balance
Annual				
Holiday				
Admin				

Other :

Type	Other	Type	Other
Mid-Year		Business	
Emergency			
Cont. Education		Rest	

TO # : _____

Current Contract Date : _____ Benefit Group : _____

Airfare will / will not be paid by the Program for tickets from [Worksite] _____ to [Point of Origin] * _____ to [Worksite] _____ for the employee / dependent(s) listed above, as per current policy at the time of the employee's / dependent(s) actual departure date.

CLASS : _____

Verified by: (Signature) _____ Date _____

Approved by: (Signature) _____ Date _____

DISTRIBUTION : File Employee Department Passport