



Academic Staff Application for Leave

Your Personal Details

ފަންޓިސީ ބަލަންދު ދަތުރު ދަންނަވާ ފޯމް

Full Name and Address	<input type="text"/>			ފަންޓިސީ ބަލަންދު ދަތުރު ދަންނަވާ ފޯމް
Record Card Number	<input type="text"/>	ނަޝަންނަލް އިޢްދާދުގެ ޔުއުއެން ސީޕް ޕްލާން ނަންބަރު	National ID Card No	<input type="text"/>
Present Contact Address	<input type="text"/>			ފަންޓިސީ ބަލަންދު ދަތުރު ދަންނަވާ ފޯމް
Contact Phone Numbers	<input type="text"/>			ފަންޓިސީ ބަލަންދު ދަތުރު ދަންނަވާ ފޯމް
Designation	<input type="text"/>	ދަތުރު ދަންނަވާ ފޯމް	Centre/Section	<input type="text"/>

Leave Details

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Documentary evidence will be needed for all leave.

Family responsibility Leave (Professional Development) (max: 60 hrs)

Maternity Leave

Annual Leave No-pay leave

Date from (Inclusive) Date to (Inclusive)

No. of Working Days

Please supply details if applying for Family responsibility Leave.

Declaration

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- I declare that all the information given in this form is accurate and true to the best of my knowledge.
- I understand that approval of leave is subject to confirmation of entitlement.
- I understand that leave is not effective until leave chit is issued.

Date Signature

Approval

ފަންޓިސީ ބަލަންދު ދަތުރު ދަންނަވާ ފޯމް

To be filled by the Faculty/Centre

Request for leave is Approved Not approved

Head of the Faculty/Centre

Date Signature Stamp

ACTION COMPLETED – OFFICE USE ONLY

Received by:	Date:	Time:	Form complete:	Yes / No
Date staff notified of result:	Letter reference:	Record amended by:	Date:	