بسم الله الرحمن الرحيم

The Maldives National University

Rahdhebai Higun, Machchangolhi, Male', Maldives.
Phone: 3345406, 3345405; Fax: 3344093

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ރަހްދެބައި ހިގުން، މައްޗަންގޮޅި، މާލެ، ދިވެހިރާއްޖެ
ފޯނު: 3345406، 3345405 ފެކްސް: 3344093

Leave Application

Your personal details

Full name			
Record Card Number		National ID Card No	
Contact Phone Number		Designation	
Faculty/Center/Campus			

Leave details

Documentary evidence will be needed for the leaves with *

Annual Leave	☐	*Circumcision Leave	☐
Family responsibility Leave	☐	Hajju leave (If 1st Hajju in life time)	☐
*Maternity Leave (100% pay)	☐	Floating Academic Leave	☐
*Maternity Leave (50% pay)	☐	*Maternity Leave for spouse	☐

No. of Working Days	Date to (Inclusive)	Date from (Inclusive)	Type of leave

Please mention below the reason applying for Leave (Family Responsibilit Leave)

Declaration

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

Date | Signature

Approval

To be filled by the faculty/Center/Campus/CA

Request for leave is

Approved ☐

Not approved ☐

Entry

Head of the Faculty/Centre/Campus/CA

Name: | Signature

Date

ACTION COMPLETED – OFFICE USE ONLY

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