



The Maldives National University

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بِسْمِ اللّٰهِ الرَّحْمٰنِ الرَّحِیْمِ

ދިވެހިރާއްޖޭގެ ޖުމްހޫރީ ޖެނެރަލް ޔުނިވަރސިޓީ
ދިވެހިރާއްޖޭގެ ޖުމްހޫރީ ޖެނެރަލް ޔުނިވަރސިޓީ
ފޯން: 3345406, 3345405 ފެކްސް: 3344093

މަސައްސަދާ ދަލު ދަންނަވާ ފޯމް

Leave Application

Your personal details

މަސައްސަދާ ދަލު ދަންނަވާ ފޯމް

Full name			ފަނޫނުގެ ނަންމު
Record Card Number		National ID Card No	ދިވެހިރާއްޖޭގެ ޖުމްހޫރީ ޔުނިވަރސިޓީގެ ރިކޯޑް ކާޑް ނަންބަރު
Contact Phone Number		Designation	ދަލު ދަންނަވާ ފަރާތް
Faculty/Center/Campus			ފެކުލްޓީ/ކެންޓަރ/ކެމްޕަސް

Leave details

މަސައްސަދާ ދަލު ދަންނަވާ ފޯމް

Documentary evidence will be needed for the leaves with *

Annual Leave	<input type="checkbox"/>	އަހަރީ ދަލު	*Circumcision Leave	<input type="checkbox"/>	އަހަރީ ދަލު
Family responsibility Leave	<input type="checkbox"/>	އަހަރީ ދަލު	Hajju leave (If 1st Hajju in life time)	<input type="checkbox"/>	އަހަރީ ދަލު
*Maternity Leave (100% pay)	<input type="checkbox"/>	(100% ޖެނެރަލް ދަލު)	Floating Academic Leave	<input type="checkbox"/>	އަހަރީ ދަލު
*Maternity Leave (50% pay)	<input type="checkbox"/>	(50% ޖެނެރަލް ދަލު)	*Maternity Leave for spouse	<input type="checkbox"/>	އަހަރީ ދަލު

No. of Working Days	Date to (Inclusive)	Date from (Inclusive)	Type of leave
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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

Declaration

މަސައްސަދާ ދަލު ދަންނަވާ ފޯމް

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

މަސައްސަދާ ދަލު ދަންނަވާ ފޯމް

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

Request for leave is	އަހަރީ ދަލު ދަންނަވާ ފޯމް	Entry	އަހަރީ ދަލު ދަންނަވާ ފޯމް
Approved	<input type="checkbox"/>		
Not approved	<input type="checkbox"/>		
Head of the Faculty/Center/Campus/CA	މަސައްސަދާ ދަލު ދަންނަވާ ފޯމް		
Name:	<input type="text"/>	Signature	<input type="text"/>
Date	<input type="text"/>		

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