



The Maldives National University

Rahdhebai Higon, Machchangolhi, Male', Maldives.

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# Application for Revision of Leave

بِسْمِ اللّٰهِ الرَّحْمٰنِ الرَّحِیْمِ

ދިވެހިރާއްޖޭގެ ޖުމްހޫރީ ޖެނެރަލް ޔުނިވަރސިޓީ  
ރާހްދަބައި ހިގަން، މާޗްޗަންގޮލްޒި، މާލެ، ދިވެހިރާއްޖެ  
ފޯން: 3345406, 3345405 ފެކްސް: 3344093  
ކޮލިފިކޭޝަން ޖެނެރަލް ޔުނިވަރސިޓީ

## Your personal details

އިތުރު ފަންނުގެ ފޯމު

Full name	<input type="text"/>		
Record Card Number	<input type="text"/>	National ID Card No	<input type="text"/>
Contact Phone Number	<input type="text"/>	Designation	<input type="text"/>
Faculty/Center/Campus	<input type="text"/>		

## Leave details

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Documentary evidence will be needed for the leaves with \* އިތުރު ފަންނުގެ ފޯމުގެ ފޯމު

Annual Leave	<input type="checkbox"/>	Floating Academic Leave	<input type="checkbox"/>
Family responsibility Leave	<input type="checkbox"/>	*Circumcision Leave	<input type="checkbox"/>

### Detail of the leave applied earlier

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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"/>

### Detail of the leave to be revised

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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"/>

Please mention below the reason to change the leave.

އިތުރު ފަންނުގެ ފޯމުގެ ފޯމު

<input type="text"/>
<input type="text"/>
<input type="text"/>

## Declaration

އިތުރު ފަންނުގެ ފޯމު

- I understand that approval of leave is subject to confirmation of entitlement.
- I understand that leave is not revised until the revised chit is issued.

Date	<input type="text"/>	Signature	<input type="text"/>
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## Approval

އިތުރު ފަންނުގެ ފޯމު

To be filled by the faculty/Center/Campus/CA		Entry
Request for leave is	<input type="checkbox"/>	<input type="text"/>
Approved	<input type="checkbox"/>	
Not approved	<input type="checkbox"/>	
Head of the Faculty/Center/Campus/CA		
Name:	<input type="text"/>	Signature
Date	<input type="text"/>	<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