



The Maldives National University
 Rahdhebai Higon, Machchangolhi, Male', Maldives.
 Phone: 3345406, 3345405; Fax: 3344093

بِسْمِ اللّٰهِ الرَّحْمٰنِ الرَّحِیْمِ

ދިވެހިރާއްޖޭގެ ޖުމްހޫރިއްޔާ ގެ ސަރުކާރުގެ ދަށުން
 ދިވެހިރާއްޖޭގެ ޖުމްހޫރިއްޔާގެ ސަރުކާރުގެ ދަށުން
 3344093 ފަން: 3345405 3345406 ފަން:

Application for Revision of Leave

ދިވެހިރާއްޖޭގެ ޖުމްހޫރިއްޔާގެ ސަރުކާރުގެ ދަށުން
 ދިވެހިރާއްޖޭގެ ޖުމްހޫރިއްޔާގެ ސަރުކާރުގެ ދަށުން

Your personal details ދިވެހިރާއްޖޭގެ ޖުމްހޫރިއްޔާގެ ސަރުކާރުގެ ދަށުން

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 ދިވެހިރާއްޖޭގެ ޖުމްހޫރިއްޔާގެ ސަރުކާރުގެ ދަށުން

Documentary evidence will be needed for the leaves with *

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

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

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.

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

Declaration

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

Date Signature

Approval

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

Request for leave is Approved Not approved

Head of the Faculty/Center/Campus/CA
 Name: Signature
 Date

Entry

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