



The Maldives National University

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بِسْمِ اللّٰهِ الرَّحْمٰنِ الرَّحِیْمِ

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

Application for Sick Leave

Your personal details

Form with fields for Full name, Record Card Number, Contact Phone Number, Faculty/Center/Campus, National ID Card No, and Designation.

Type of Sick Leave

Form with checkboxes for Sick Leave With Certificate and Sick Leave Without Certificate.

Details of sick Leave Without Certificate

Form for Sick Leave Without Certificate including Date, Reason for Leave, and Time informed to supervisor for Day 1 and Day 2.

Details of sick Leave With Certificate (More than 2 Days)

Form for Sick Leave With Certificate including Doctor Medical certifiat will be required, No. of Working Days, Date to, Date from, and Date informed to supervisor.

Declaration

Declaration section with numbered statements, Date, Signature, and a 'Please Check' box with various conditions.

Approval

Approval section with fields for Request for leave is, Approved/Not approved, Head of the Faculty/Center/Campus/CA Name, Signature, and Date.

ACTION COMPLETED – OFFICE USE ONLY

Table with 4 columns: Received by HR, Date, Time, Form complete: Yes / No. Row 2: Date staff notified of result, Letter reference, Record amended by, Date.