



Your Personal Details

ފޮނުވާލެވޭ ފޮނުވާލެވޭ

Full name	<input type="text"/>			ފޮނުވާލެވޭ
Record Card Number	<input type="text"/>	Designation	<input type="text"/>	ފޮނުވާލެވޭ
Contact Phone Number	<input type="text"/>	Faculty/Center/Campus	<input type="text"/>	ފޮނުވާލެވޭ / ފޮނުވާލެވޭ / ފޮނުވާލެވޭ

About the Course/Training/Conference or Purpose of visit

ފޮނުވާލެވޭ ފޮނުވާލެވޭ ފޮނުވާލެވޭ ފޮނުވާލެވޭ

Course/Conference/Training Name:	<input type="text"/>			ފޮނުވާލެވޭ
Curriculum	<input type="text"/>	Country	<input type="text"/>	ފޮނުވާލެވޭ
Level	<input type="text"/>	Mode	<input type="text"/>	ފޮނުވާލެވޭ

Leave Details

ފޮނުވާލެވޭ ފޮނުވާލެވޭ

Documentary evidence will be needed for all leave.

ފޮނުވާލެވޭ ފޮނުވާލެވޭ ފޮނުވާލެވޭ ފޮނުވާލެވޭ

Family responsibility Leave	<input type="text"/>	(Professional Development) (max: 60 hrs)	<input type="text"/>	60 ފޮނުވާލެވޭ
Materinty Leave	<input type="text"/>	Study Leave	<input type="text"/>	ފޮނުވާލެވޭ
Annual Leave	<input type="text"/>	Duty Travel	<input type="text"/>	ފޮނުވާލެވޭ
		No pay leave	<input type="text"/>	ފޮނުވާލެވޭ
Concluding Date:	<input type="text"/>	Commencing Date:	<input type="text"/>	ފޮނުވާލެވޭ

No. of Working Days

ފޮނުވާލެވޭ ފޮނުވާލެވޭ

Please supply details if applying for Family Responsibility Leave/Study Leave/Duty Travel

ފޮނުވާލެވޭ ފޮނުވާލެވޭ ފޮނުވާލެވޭ ފޮނުވާލެވޭ ފޮނުވާލެވޭ

Declaration

ފޮނުވާލެވޭ

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 leave is issued.

Date: Signature:

Approval

ފޮނުވާލެވޭ

To be filled by the Faculty / Centre

ފޮނުވާލެވޭ ފޮނުވާލެވޭ ފޮނުވާލެވޭ

Request for Training is

ފޮނުވާލެވޭ ފޮނުވާލެވޭ ފޮނުވާލެވޭ

Approved

ފޮނުވާލެވޭ

Not approved

ފޮނުވާލެވޭ

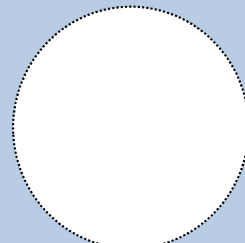
Head of the Faculty/Center/Supervisor

ފޮނުވާލެވޭ ފޮނުވާލެވޭ ފޮނުވާލެވޭ

Date:

Signature

Stamp



ފޮނުވާލެވޭ

ACTION COMPLETED – OFFICE USE ONLY

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