



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  
ރާއްޖޭގެ ޖުމްހޫރީ ޖެނެރަލް ޔުނިވަރސިޓީ  
3344093 ފަން: 3345405 .3345406  
ފޯން: 3344093

## Your personal details

އިތުރު ފަންނުގެ ފޯމު

Full name	<input type="text"/>			ފަންނުގެ ނަންމު
Record Card Number	<input type="text"/>	ނަންބަރު ޖެނެރަލް ޔުނިވަރސިޓީ	National ID Card No	<input type="text"/>
Contact Phone Number	<input type="text"/>	ފޯން ނަންބަރު	Designation	<input type="text"/>
Faculty/Center/Campus	<input type="text"/>			ފަންނުގެ ނަންމު/ކެންޓަރު/ކެމްޕަސް

## Leave details

އިތުރު ފަންނުގެ ފޯމު

Documentary evidence will be needed for the leaves with \* ފަންނުގެ ފޯމުގައި ބަޔާންކުރަންޖެހޭ ފަންނުތަކުގެ ޖެނެރަލް ޔުނިވަރސިޓީ

Annual Leave	<input type="checkbox"/>	އަހަރީ ފަންނު	Floating Academic Leave	<input type="checkbox"/>	ފްލޯޓިންގ އެކެޑެމިކް ފަންނު
Family responsibility Leave	<input type="checkbox"/>	އިތުރު ފަންނުގެ ފޯމު	*Circumcision Leave	<input type="checkbox"/>	ފަންނުގެ ފޯމުގައި ބަޔާންކުރަންޖެހޭ ފަންނު

### Detail of the leave applied earlier

ފަންނުގެ ފޯމުގައި ބަޔާންކުރަންޖެހޭ ފަންނު

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

ފަންނުގެ ފޯމުގައި ބަޔާންކުރަންޖެހޭ ފަންނު

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.

ފަންނުގެ ފޯމުގައި ބަޔާންކުރަންޖެހޭ ފަންނު

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

## Declaration

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"/>	ފަންނުގެ ފޯމު	Signature	<input type="text"/>	ފަންނުގެ ފޯމު
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## Approval

ފަންނުގެ ފޯމު

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

### 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