



The Maldives National University

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بِسْمِ اللّٰهِ الرَّحْمٰنِ الرَّحِیْمِ

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

މަސައްސަދާ ފޮރމުލެޕްޓް ފޯ ލިބިގެން ދިއުމުގެ ދަށުން

Leave Application

Your personal details

މަސައްސަދާ ފޮރމުލެޕްޓް ފޯ ލިބިގެން ދިއުމުގެ 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

މަސައްސަދާ ފޮރމުލެޕްޓް ފޯ ލިބިގެން ދިއުމުގެ ދަށުން

Documentary evidence will be needed for the leaves with *

Annual Leave	<input type="checkbox"/>	*Circumcision Leave	<input type="checkbox"/>
Family responsibility Leave	<input type="checkbox"/>	Hajju leave (If 1st Hajju in life time)	<input type="checkbox"/>
*Maternity Leave (100% pay)	<input type="checkbox"/>	Floating Academic Leave	<input type="checkbox"/>
*Maternity Leave (50% pay)	<input type="checkbox"/>	*Maternity Leave for spouse	<input type="checkbox"/>

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

Please mention below the reason applying for Leave (Family Responsibility Leave)

Declaration

މަސައްސަދާ ފޮރމުލެޕްޓް ފޯ ލިބިގެން ދިއުމުގެ ދަށުން

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 chit is issued.

Date: Signature:

Approval

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

Request for leave is	Approved <input type="checkbox"/>	Not approved <input type="checkbox"/>	Entry
Head of the Faculty/Centre/Campus/CA	Name: <input type="text"/>	Signature: <input type="text"/>	<input type="text"/>
Date: <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