



The Maldives National University

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Application for Sick Leave

بِسْمِ اللّٰهِ الرَّحْمٰنِ الرَّحِیْمِ

ދިވެހިރާއްޖޭގެ ޖުމްހޫރީ ޖެނެރަލް ޔުނިވަރސިޓީ
ދިވެހިރާއްޖޭގެ ޖުމްހޫރީ ޖެނެރަލް ޔުނިވަރސިޓީ
3344093 ފަން: 3345405, 3345406 ފޯން:
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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 three options.

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 for ACTION COMPLETED with columns: Received by HR, Date, Time, Form complete: Yes / No, Letter reference, Record amended by, Date.