



The Maldives National University
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 3344093 3345405 3345406 ފަން: 3344093

Application for flexible working arrangements for Pregnant Staff and Staff with Minors

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 ފުރުޞަތު ހޯދާ ގޮތުން

Your personal details

Full name	<input type="text"/>			މަނިކު ނަންމު
Current Address	<input type="text"/>			މަނިކު ހައްދަ ރަށުގެ ނަންމު
Record Card Number	<input type="text"/>	National ID Card No	<input type="text"/>	މަނިކު ނަންމުގެ ނަންބަރު
Contact Phone Number	<input type="text"/>	Designation	<input type="text"/>	މަނިކު ނަންމުގެ ނަންބަރު
Faculty/Center/Campus	<input type="text"/>			މަނިކު ނަންމުގެ ނަންބަރު

Options for flexible working arrangements

Documentary evidence will be needed for chosen option

Flexible working arrangement for Low Risk Category No Pay <input type="checkbox"/> Work at home <input type="checkbox"/> Extra 1 hour break <input type="checkbox"/>	Flexible working arrangement for High Risk Category No Pay <input type="checkbox"/>
Flexible working arrangement for Staff with Minors Work at home <input type="checkbox"/> Extra 30 mins break <input type="checkbox"/> Flexible working time <input type="checkbox"/>	

No. of Working Days Date to (Inclusive) Date from (Inclusive)

Please mention below the reason applying for chosen option

Declaration

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 working arrangement will be approved based on the HRM committee decision.

3. I understand that working arrangement is not effective until a document is issued.

Date Signature

Please Check

Approval

Request for chosen flexible arrangement is Approved Not approved

Head of the Faculty/Center/Campus/CA

Name: Signature

Date

Please Check

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