



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

ދިވެހިރާއްޖޭގެ ޖުމްހޫރީ ޖެނެރަލް ޔުނިވަރސިޓީ

Leave Application

Your personal details

ފޮރމު ފުރިހަމަކުރުމަށް ފުރުޞަތު ދޭނެ ގޮތުގައި ފުރިހަމަކުރުމަށް ފުރުޞަތު ދޭނެ ގޮތުގައި

Full name	<input type="text"/>			ފަނޑުވަނަ ނަންމު
Record Card Number	<input type="text"/>	ނަންބަރު ފޯމު 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"/>			ފެކުލްޓީ/ސެންޓަރު/ކެމްޕަސް

Leave details

ފޮރމު ފުރިހަމަކުރުމަށް ފުރުޞަތު ދޭނެ ގޮތުގައި

Documentary evidence will be needed for the leaves with *

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

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

ފޮރމު ފުރިހަމަކުރުމަށް ފުރުޞަތު ދޭނެ ގޮތުގައި

- I declare that all the information given in this form is accurate and true to the best of my knowledge.
- I understand that approval of leave is subject to confirmation of entitlement.
- I understand that leave is not effective until chit is issued.

Date: Signature:

Approval

ފޮރމު ފުރިހަމަކުރުމަށް ފުރުޞަތު ދޭނެ ގޮތުގައި

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

Request or leave is	<input type="checkbox"/>	ފޮރމު ފުރިހަމަކުރުމަށް ފުރުޞަތު ދޭނެ ގޮތުގައި	Entry	<input type="text"/>
Approved	<input type="checkbox"/>	ފޮރމު ފުރިހަމަކުރުމަށް ފުރުޞަތު ދޭނެ ގޮތުގައި		
Not approved	<input type="checkbox"/>	ފޮރމު ފުރިހަމަކުރުމަށް ފުރުޞަތު ދޭނެ ގޮތުގައި		
Head of the Faculty/Centre/Campus/CA	<input type="text"/>			
Name:	<input type="text"/>	ނަންމު	Signature	<input type="text"/>
Date	<input type="text"/>	ފަނޑުވަނަ ނަންމު		

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	