



The Maldives National University

Rahdhebai Higon, Machchangolhi, Male', Maldives.  
Phone: 3345406, 3345405; Fax: 3344093

بِسْمِ اللّٰهِ الرَّحْمٰنِ الرَّحِیْمِ

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

މަސައްސަދާ ދަންނަވާ ފޮރުމް

# Leave Application

## Your personal details

މަސައްސަދާ ދަންނަވާ ފޮރުމް

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

## Leave details

މަސައްސަދާ ދަންނަވާ ފޮރުމް

Documentary evidence will be needed for the leaves with \*

Annual Leave	<input type="checkbox"/>	އަހަރުގެ ދުވަސް ދެކޮޅު	*Circumcision Leave	<input type="checkbox"/>	ނަންބަރު ޖެނެރަލް ޔުނިވަރސިޓީ
Family responsibility Leave	<input type="checkbox"/>	އިތުރު ބަލަވާ ދެކޮޅު	Hajju leave (If 1st Hajju in life time)	<input type="checkbox"/>	ނަންބަރު ޖެނެރަލް ޔުނިވަރސިޓީ
*Maternity Leave (100% pay)	<input type="checkbox"/>	މަންދުކަން ދެކޮޅު (100%)	Floating Academic Leave	<input type="checkbox"/>	މަންދުކަން ދެކޮޅު
*Umrah Leave (01st Umrah Leave provided by MNU)	<input type="checkbox"/>	އުމްރާ ދެކޮޅު (އުމްރާ ދެކޮޅު ފުރުޞަތު ދެނެގަތުމަށް ފޯމް ފުރުޞަތު ދެނެގަތުމަށް ފޯމް)	*Maternity Leave for spouse	<input type="checkbox"/>	ނަންބަރު ޖެނެރަލް ޔުނިވަރސިޓީ

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

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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 or leave is:  Approved /  Not approved

Head of the Faculty/Centre/Campus/CA

Name:  Signature:

Date:

<b>ACTION COMPLETED – OFFICE USE ONLY</b>			
Received by HR:	Date	Time	Form complete: Yes / No
Date staff notified of result:	Letter reference:	Record amended by:	Date