



MI COLLEGE

M. Niyandhurumaage, 7th floor, Alimas Magu,
Male', Republic of Maldives,
Phone: +960 3341536, 3341535, 3341545.

LEAVE APPLICATION

Personal Details

Full Name	<input type="text"/>		
Record Card No.	<input type="text"/>	NID	<input type="text"/>
Contact Phone No.	<input type="text"/>	Mobile	<input type="text"/>
Designation	<input type="text"/>		
Faculty/ Center/Campus	<input type="text"/>		
	<input type="text"/>		

Leave Details

Annual Leave	<input type="checkbox"/>	Maternity Leave	<input type="checkbox"/>
Medical Leave	<input type="checkbox"/>	Emergency Leave	<input type="checkbox"/>
If any other	<input type="checkbox"/>	Specify.	<input type="text"/>

No. of working days	Date From	Date To	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 (Emergency Leave)

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 approval of leave is subject to confirmation of entitlement
3. I understand that the leave is not effective until the leave approval is issued by HR

Date

Signature

Approval (For Office use)

	Name	Leave Status	Signature
Supervisor Approval			
HR Approval			
Rector			

Received by HR	Date	Time
Date staff notified of result		