



**DHOFAR UNIVERSITY  
ANNUAL LEAVE REQUEST**

Name : ..... Nationality : .....  
Employee No. .... Position : .....  
Department : .....  
Starting Date : ..... Ending Date : ..... No. of Calendar/Working Days : .....  
Address during Leave : .....  
..... Phone No. : .....  
Signature : ..... Date : .....

**Approval of Direct Supervisor :**

Name : ..... Signature : ..... Date : .....

**Approval of Dean/Director :**

Name : ..... Signature : ..... Date : .....

If not approved state the reason : .....

**For Human Resources Use Only :**

Pervious Years Leave Credit ..... days  
Current Year Leave Credit up to Leave Starting Date (excluded) ..... days up to 31/5/07  
Total Leave Credit ..... days  
Approved Leave as above ..... days  
Approved Perviously Paid Leave if any ..... days  
Remaining Leave Credit ..... days

**Approved by Human Resources :**

Name : ..... Signature : ..... Date : .....

If not approved state the reason : .....