



**DHOFAR UNIVERSITY  
SPECIAL LEAVE REQUEST**

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

---

**Approval of Direct Supervisor :**

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

**Approval of Dean/Director :**

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

---

**Approved by Human Resources :**

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

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

---

**A/VC For Administrative & Financial Affairs :**

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

---

**Types of Special Leave :**

Leave with Pay ( Emergency, Research, Conference, Study ... etc )

Leave without Pay

Sick Leave ( Attached with medical certificate )

Maternity Leave

Al-Hajj (Pilgrimage) Leave

Mourning Leave

\* Subject to HR bylaws.