



DHOFAR UNIVERSITY

Work Resumption Form

Date: -----

I would like to inform you that I officially resumed work on: -----

Name: -----

Staff ID: -----

Position: -----

College/Unit: -----

Signature: -----

Approval of Supervisor:

He/She started work on time.

He/ She was late for----- days with an accepted excuse / unaccepted.

Name: ----- Signature: ----- Date: -----

Approval of Dean/ Director:

Name: ----- Signature: ----- Date: -----

Approval of the HRD :

HR Staff Name: ----- Signature: ----- Date: -----

Comments: -----