



**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 VC/DVC/Dean/Director :

Name : Signature : Date :

Approved by Human Resources :

Name : Signature : Date :

If not approved state the reason :

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.