

## DHOFAR UNIVERSITY Travel During Official Holiday

Name:		Nationality:			
Employee No:		Position:			
Department:					
Starting Date:	Ending Da	te		No. of Days :	
Address during Le	ave:				
	Phone No.				
Name :	Signature	:	Date :		

<u>Approval of Direct Supervisor :</u>			
Name :	Signature :	 Date :	
<u>Approval of VC/DVC/ Dean/Director :</u>			
Name :	Signature :	 Date :	