



## 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: -----

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#### **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 VC/DVC/Dean/ Director:**

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

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#### **Approval of the HRD :**

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

Comments: -----