

**NIZWA COLLEGE OF TECHNOLOGY
DEPARTMENT OF HUMAN RESOURCES**

LEAVE APPLICATION FORM

Full Name: _____ Civil Number / ID No: _____ Contract Type: _____

Requested Leave:() From:..... To:..... Duties resumed on / / 200

Kind of Leave: Habitual Emergency Hajj Accompanying a patient Exams
 Iddat Maternity Accompanying a spouse Exceptional (Unpaid) Unpaid Leave

Reasons for Leave:

-
-
-

Date _____

Applicant's Signature

HOD 's Approval:

No objection – Name of substitute employee: _____

Comments & Remarks: _____

HOD Signature

Date

HR's Approval:

Due Days: _____

HR Remarks: _____

Signature

Date

Admin & Finance Assistant Dean 's Approval:

Comments: _____

Signature

Date

Dean 's Approval:

Approved

Not approved

Signature

Date