



Applying for Leave ☐ Extension in Leave ☐

**Employee Information**

Name:		Emp ID:	
Designation & Subject:		Campus:	
Department:		DOJ:	
Last Working Day:		Application date:	

**Leave Details**

Leave Duration	From:	To:
Reason:		
Leave Duration (Previous) In case of leave extension	From:	To:
Reason:		
Name: _____	Signature: _____	Date: _____

**Campus Recommendations**

	Signature	Date
<b>Reporting Officer</b> Name: _____ Remarks: _____		
<b>Head of School</b> Name: _____ Remarks: _____		
<b>Campus HR</b> Name: _____ Remarks: _____		
<b>Director</b> Name: _____ Remarks: _____		

**Head Office**

HR-HQ Name: _____ Remarks: _____		
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**Registrar**

<input type="checkbox"/> Recommended <input type="checkbox"/> Not Recommended	Signature: _____	Date: _____
Remarks: _____		

**Rector**

<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved	Signature: _____	Date: _____
Remarks: _____		

..... for official use .....

NUMUN Entry (HR-HQ) Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_