



Re-Joining Request Form

Employee Information

Name:		Emp ID:	
Designation:		Campus:	
Department:		DOJ:	
Leave Duration	From:	To:	Application date:
Reason:			

Qualification Details (in case of study leave)

Highest qualification:		Specialization:	
Duration From:		To:	
Univ./Institute/Country:		CGPA/Grade:	
Name: _____ Signature: _____ Date: _____			

Campus Recommendations

	Signature	Date
Reporting Officer Name: _____ Remarks: _____		
Campus HR Name: _____ Remarks: _____		
Director Name: _____ Remarks: _____		

Head Office

HR-HQ Name: _____		
Remarks: _____		

Registrar

Recommended Not Recommended Signature: _____ Date: _____
 Remarks: _____

Rector Approved Not Approved Signature: _____ Date: _____
 Remarks: _____