National University
of Computer and Emerging Sciences

Re-Joining Request Form

Employee Information

Name:		Emp ID:	
Designation & Subject:		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: _____		
Head of School 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: _____

…… for official use ……

NUMUN Entry (HR-HQ) Name: _____ Signature: _____ Date: _____