



# Faculty of Management Sciences

## OFFICIAL LEAVE FORM

- Student Name : \_\_\_\_\_
- Class Name : \_\_\_\_\_
- Student ID : \_\_\_\_\_
- Semester : \_\_\_\_\_ Mobile Number: \_\_\_\_\_
- Email : \_\_\_\_\_
- Type of Vacation:

- Sick Leave:
- Maternity
- Hajj/ Imra
- Loss of family
- Other (Specify) \_\_\_\_\_

– Starting Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

– Ending Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

– Your Address while you are on vacation: \_\_\_\_\_

(1) Requested by: (2) Accepted by: HOD/Secretary (3) Approved by: Faculty Dean

Signature: \_\_\_\_\_ Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

### **For EMS use only**

- Starting Date: \_\_\_\_\_ Expected Date of Return: \_\_\_\_\_

Number of Days: \_\_\_\_\_ Type of vacation: \_\_\_\_\_

**Note:** Please notify to the faculty when you return from your vacation.

**Approved by:**

Faculty Dean

Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

\_\_\_\_\_