



**DHOFAR UNIVERSITY**  
**ANNUAL LEAVE REQUEST**

Name : ..... Nationality : .....

Employee No. .... Position : .....

Department : .....

Starting Date : ..... Ending Date : ..... No. of Calendar/Working Days : .....

Address during Leave : .....

..... Phone No. : .....

Signature : ..... Date : .....

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**Approval of Direct Supervisor :**

Name : ..... Signature : ..... Date : .....

**Approval of VC/ DVC/Dean/Director :**

Name : ..... Signature : ..... Date : .....

If not approved state the reason : .....

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**For Human Resources Use Only :**

Pervious Years Leave Credit ..... days

Current Year Leave Credit up to Leave Starting Date (excluded) ..... days up to .....

Total Leave Credit ..... days

Approved Leave as above ..... days

Approved Perviously Paid Leave if any ..... days

Remaining Leave Credit ..... days

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**Approved by Human Resources :**

Name : ..... Signature : ..... Date : .....

If not approved state the reason : .....

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