



**Post –Leave Job Resume Form  
Leave Interruption Form**

Name:..... Position.....  
Place of work:..College of Applied Sciences ,Ibri.....  
File No .....

Leave type: (routine) routine (emergency) (patient attendance)  
(maternity) (exceptional) (study) (Haj) (spouse company )  
Leave starts on: / / 2010 and ends on : / /2010.....  
Date of leave interruption: / /20.....  
Days compensated in cash: ( )  
Total number of off days: .....day(s).  
Employee’s address while leave..... Tel:.....  
In accord with the resolution No. ( ) issued on: / / 20.....  
Date of job resume: / / 2011..... Sig. ....

**HOD Approval (On resume):**

- Employee was not late to his/her job
- Employee was late to his job for ( )day(s) for the following reasons:

- .....  
- .....

HOD Sig. :.....

**HOD Approval and reasons statement: (On leave interruption):**

- .....  
- .....

HOD Sig. :.....

**Head of Finance & Admin Affairs Approval:**

- I approve
- I do not approve

HOFAA Sig. ....

**Head f Unit Approval:**

- I approve leave interruption with cash compensation
- I approve leave interruption without cash compensation
- I do not approve

HOU Sig. ....

**Notes:**

\*Kindly requested to refer to Art.(124) of the Executive Charter of Civil Service law relevant to leave interruption .