



سلطنة عُمان

وزارة التعليم العالي
كلية العلوم التطبيقية بعبري

To: Director General of the Colleges of Applied Sciences

Via: College Dean

Subject : Resignation Application

Applicant's Name:..... File No:.....

Date of Appointment: / / Financial Grade:.....

Place of Work:..... Designation:.....

Kindly accept my resignation starting from: / / for the following reasons:

1).....

2).....

Date: / / Signature: Seal:

The Dean's decision:

() The resignation is accepted.

() The resignation is not accepted for the following reasons:

1.....

2.....

Date: / / Signature: Seal:

The Director General's decision:

() The resignation is accepted starting from: / /

() The resignation is not accepted for the following reasons:

1.....

2.....

Date: / / Signature: Seal:

Head of the Unit's directives:

.....

Date: / / Head of the Unit's signature: Seal:

Note: Please thoroughly read the employment contract's articles regarding the termination of service between the two parties (for non-Omanis).