



Form No. (6) Notice of interruption of Study Leave

Personal information:

Name:	Department:
Job Grade:	Job description:
Phone No.	E-mail:
Have you ever taken a full-time study leave in this institution? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Please note that if you have taken a full-time study leave in this institution, you should discuss this application with Human Resources Department.	

Details of the study program in which the employee is registered:

Course Name:	
Institution Name:	
Course Duration:	
Starting Date:	
Completion Date:	

Reason for Interruption of Study Leave:

Please attach any relevant evidence resulted in the interruption of the employee's leave (such as exam results):

Submitted by:	
Signature:	Date:
Name:	Job description:

For the use of human resources Department only

Have the study leave been interrupted?	<input type="checkbox"/> yes	<input type="checkbox"/> no
Date of such interruption (day/moth/year)		
Has any punitive actions been taken?	<input type="checkbox"/> yes	<input type="checkbox"/> no
Has the employee been informed?	<input type="checkbox"/> yes	<input type="checkbox"/> no
What is the total cost to be paid by the employee (in AED)?		
Has the payroll data been updated?	<input type="checkbox"/> yes	<input type="checkbox"/> no

Notes:

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Executed by:	
Signature:	Date:
Name:	Job description:



Application for Short Study Permit

Personal information:

Name:	Department:
Job Grade:	Job description:
Phone No.	E-mail:

Details of the study program in which the employee is registered:

Institute / university name:	
Federal Entity Name:	
Program Duration:	
Starting Date:	
Completion Date:	

Data of this section is to be filled only for obtaining a continuing study leave
(I.e. for classes on an ongoing basis during your course period).

Approved Study Form:

	Total Hours of Study Per Day
Sunday	
Monday	
Tuesday	
Wednesday	
Thursday	
Total hours of study per week	
Commencement of semester	End of the semester
End of semester	

Data of this section is to be filled only for obtaining an exam leave
(i.e. leave for the examination period or the preparation for an exam)

Total days of study leave:	
Starting Date:	
Completion Date:	
Date of Return to Work:	
Note: Please attach a copy of the exam schedule issued by the educational institution where the employee is registered. If a schedule is not available, a copy of the receipt of test shall be sent to HR department upon your return. Note that the institution may not pay the leave salary if you do not provide the relevant supporting documentation.	

Employee signature:	Date:
Approval of Managing Director	
Signature:	Date:
Name:	Job title:

For the use of Human Resources Department only



Executed by:	
Signature:	Date:
Name:	Job description: