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| **PERSONNEL INFORMATION**  |
| **Name Surname** |  | **Title** |  |
| **Unit** |  | **Phone Number** |  |
| **Department** |  | **Start Date of Employment** |  |
| [ ]  **Annual Leave** | [ ]  **Health**\* | [ ]  **Marriage\*** | [ ]  **Death\*** | [ ]  **Maternity\*** | [ ]  **Private Reason\*** |
| **Explanation:**  **\*Please attach relevant documents for marked permits.** |
| 1. According to the reason of the permit, the documents should be submitted in the annex of the form for the documents to be shown.
2. This form must be submitted to the Human Resources Directorate one week before the start of the leave.
3. In case of using leave without annual leave entitlement, the balance corresponding to the leave day in case of a possible separation is deducted from the last month's salary.
 |
| **Required Days** |  | **Total Leave Days** |  |
| **First day of Leave**  |  | **Address on Leave** |
| **Last day of Leave** |  |  |
| **Starting day of work** |  |
| [ ] No course on the days allowed.[ ] Who will conduct the course if there is?………………………………………[ ] There are no exams on the dates when they will be allowed.[ ] If there is an exam, the person to do?………………………………………….[ ] He has no administrative and/or academic duty on the dates of his/her leave[ ] Person deputized…………………………………………….. | There is no obstacle in terms of administrative and academic duties.**Head of Department:**Name Surname:Title:Date:Signature: |
| **APPROVAL** |
| **SIGNATURE OF PERSONNEL****\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_\_\_** | **DEAN/MANAGER APPROVAL** **\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_\_\_** | **APPROVAL OF HUMAN RESOURCES DIRECTORATE****\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_\_\_** | **VICE RECTOR APPROVAL****(Responsible from Human Resources)****\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_\_\_** |

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|  | **PREPARER** | **CONTROL** | **APPROVAL** |
| **Title** | Human Resources Directorate | Strategy and Quality Directorate | GENERAL SECRETARY |
| **Signature** |  |  |  |