



**ADMINISTRATIVE & FINANCIAL AFFAIRS Human Resources Office**

الشؤون الإدارية والمالية

مكتب الموارد البشرية

**Joining Duties Form / After Leave**

<b>A. This Section to be completed by the Staff Member</b>
Staff Name: _____ Staff Number: _____ Department _____ Position: _____ Date of return from Leave: ____/____/____ Date of Reporting to Work: ____/____/____ Staff Signature _____ Date: ____/____/____
<b>B. This Section to be completed by the Head of Department</b>
I confirm that the above Staff Member reported back on: ____/____/____ HOD Name: _____ Department: _____ HOD. Signature _____ Date: ____/____/____
<b>C. This Section to be completed by Administrative and Financial Affairs</b>
Last Start Date: ____/____/____ leave End Date: ____/____/____ Less or Extra Days takes: _____ HR Manager Signature _____ Date: ____/____/____  Salary to Start from: ____/____/____  Senior Manager (Admin & Finance) Signature _____ Date: ____/____/____
<b>D. This Section to be completed by the College Dean</b>
Dean's approval _____ Date: ____/____/____