Human Resources Department

Work Interruption Notification

o	Faculty Member
o	Administrative
o	Employee
o	Contractor
o	Worker

Name	
Occupation	
Duty Station	
National ID/ Residency	

His Excellency _____, the dean of Human Resources Deanship

Peace, Mercy, and Blessings of Allah upon you.

This to inform Your Excellency that the above-mentioned employee had discontinued work, from day ( ) corresponding to ----/------/ 14 A.H. for ( ) days to date

Accordingly, I would kindly ask your excellency to take the necessary action according to regulations and instructions.

May Allah Protect You

Immediate Supervisor/ Position	
Name	
Signature	
Official stamp of the entity	
Date	

Number:_____ Date: _____