Human Resources Department

Work Resumption Notification

Faculty Member	o
Administrative	o
Employee	o
Contractor	o
Worker	o

Name	
Occupation	
Employee NO.	
Duty Station	
The included Administrative Decision	
Decision Resource	
Decision Date	
Resumption Date Hijri/Gregorian	

His Excellency _____, the dean of Human Resources Deanship

Peace, Mercy, and Blessings of Allah upon you.

This to inform Your Excellency of the above-mentioned employee duty resumption data,

for your information.

May Allah Protect You

Immediate Supervisor/ Position	
Name	
Signature	
Official stamp of the entity	

Number:_____ Date: _____