



استمارة طلب إجازة

Leave Request Form

LEAVE ALLOWANCE DURING INTERNSHIP YEAR					
TYPE OF LEAVE	Radiologic Sciences		Medical laboratory Sciences/ Clinical Nutrition		
	R1 6months	R2 6months	T1 4months	T2 4months	T3 4months
REGULAR	6 days	6 days	4 days	4 days	4 days
SICK	3 days	3 days	2 days	2 days	2 days
EMERGENCY	3 days	3 days	2 days	2 days	2 days
EDUCATIONAL	10 days/year (faculty)		10 days/year (faculty)		

FILL OUT BY INTERNSHIP STUDENT	STUDENT INFORMAT	Request Submission Date	Day:	Date:	
		Name:	University ID:		
		E – Mail:	Type of leave:		
	STUDENT LEAVES	Department:			
		Start date	Day:	Date:	
		Balance for selection type of leave	Current:	Requested:	Remaining:
		Note: please check for leave allowance during internship year			

FACULTY APPROVAL	Acceptation: Yes No	SIGNATURE
	Name:	
	Date:	

Approval of The hospital Training unit	Acceptation: Yes No	SIGNATURE
	Name:	
	Date:	

NOTES

ملاحظات

Allowance expires by end of each period (no accumulation).
 Weekends are not included in count of requested leaves.
 Regular leave requested as assigned days once.
 Educational leave proof of registration is required.
 To approve the leave, the form must be sent to the
 department coordinator.

الرصيد المحدد ينتهي بنهاية كل فترة (لا يسمح بتراكم الرصيد).
 أيام نهاية الأسبوع لا تحتسب ضمن العدد المطلوب من الإجازات.
 الإجازة الاعتيادية تطلب على حسب الأيام المحددة للفترة.
 الإجازة التعليمية يشترط إرفاق إثبات تسجيل للدورة.
 لإتمام الإجازة يجب إرسال الاستمارة لمنسق القسم.