



## استمارة طلب إجازة

### Leave Request Form

LEAVE ALLOWANCE DURING INTERNSHIP YEAR									
TYPE OF LEAVE	Radiology sciences		Medical laboratory sciences Clinical Nutrition			Clinical Psychology Science			
	R2 6months	R1 6months	T1 4months	T2 4months	T3 4months	T1 6months	T2 2months	T3 2months	T4 2months
REGULAR	6 days	6 days	4 days	4 days	4 days	6 days	2 days	2 days	2 days
SICK	3 days	3 days	2 days	2 days	2 days	3 days	1 day	1 day	1 day
EMERGENCY	3 days	3 days	2 days	2 days	2 days	3 days	1 day	1 day	1 day
EDUCATIONAL	10 days/year (faculty)		10 days/year (faculty)			10 days/year (faculty)			

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

FACULTY APPROVAL	Name					Date				
	SIGNATURE									

approval of the hospital	Name					Date				
	SIGNATURE									

#### 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 supervisor.

الرصيد المحدد ينتهي بنهاية كل فترة (لا يسمح بتراكم الرصيد).  
 أيام نهاية الأسبوع لا تحتسب ضمن العدد المطلوب من الاجازات.  
 الاجازة الاعتيادية تطلب على حسب الأيام المحددة للفترة.  
 الاجازة التعليمية يشترط ارفاق إثبات تسجيل للدورة.  
 لاعتماد الاجازة يجب ارسال الاستمارة لمشرف القسم.