

Intern's Vacation form

Type of vacation

Annual

Eid/Ramadan

First

Second

Date of application:

Click or tap to enter a date.

Intern's name:

ID number:

Click or tap here to enter text.

Hospital:

Click or tap here to enter text.

Department:

Click or tap here to enter text.

Date of vacation

From Click or tap to enter a date.

To Click or tap to enter a date.

Internship office

Agree

Disagree

Approved by:

Supervisor of Clinical Affairs Unit



Final approval by the department:

Agree

Disagree

Name & Signature

Position

المرفقات :

التاريخ : ١٤٤٤/١/٠٢ هـ

الرقم :

بيشة ص ب 1290 الرمز البريدي: 61922 : 966176238199 : 966176238183 : ☎