التخصصي الاينـس الطبيـة
Altakassusi Alliance Medical

Training And Development Department
Applied Radiology Programs
Internship program

Leave / Permission Application				
Trainee Information				
Name:		Badge ID:		
Relevant Department Information				
Training Center:	( ) KFMC ( ) PMAH ( ) Al Yamamah ( ) Majmaah ( ) Dawadmi ( ) Zulfi ( ) Artawyah			
Department	( ) X-Ray ( ) Btest Imaging ( ) Computed Tomography ( ) Ultrasound ( ) Nuclear Medicine ( ) Magnetic Resonance ( ) Intervention Radiology			
Leave / Permission Information				
Type:	( ) Planned Leave ( ) Sick Leave ( ) Emergency Leave ( ) Permission			
The Date:	Start Date:		End Date:	
Duration:	For Leave (Day):		For Permission (h):	
Trainee Signature:			Date:	
Request Condition				
Department Stance:	( ) Accept ( )Reject			
Authorized Person:	( ) Supervisor ( ) Authorized Employee			
	Name:		Signature:	
Remarks:				
Approval Status:	( ) Approved ( )Reject			
	Name:		Signature:	