



## استمارة طلب إجازة Leave Request Form

LEAVE ALLOWANCE DURING INTERNSHIP YEAR					
TYPE OF LEAVE	DIAGNOSTIC RADIOLOGY		MEDICAL LABORATORY & CLINICAL NUTRITION		
	R1 (6 months)	R2 (6 months)	T1 (4 months)	T2 (4 months)	T3 (4 months)
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 PRE-APPROVAL IS REQUIRED)				
TYPE OF LEAVE	PHYSICAL THERAPY				
	Q1 (3 months)	Q2 (3 months)	Q3 (3 months)	Q4 (3 months)	
Regular	3 days	3 days	3 days	3 days	
Sick	2 days	2 days	2 days	2 days	
Emergency	2 days	2 days	2 days	2 days	
Educational	10 days / year (FACULTY PRE-APPROVAL IS REQUIRED)				

INTERN & LEAVE DETAILS						
NAME:	START DATE:			DURATION:		
	Sun	Mon	Tue	Wed	Thu	Days
DEPARTMENT:	RD	MLT	PT	CN	/	/

TYPE OF LEAVE	
EDUCATIONAL FACULTY PRE-APPROVAL IS REQUIRED	REGULAR SICK EMERGENCY DIRECTLY APPROVED BY SUPERVISOR

FACULTY PRE-APPROVAL			
Intern must confirm balance <u>before</u> supervisor's approval. على الطالب تأكيد الرصيد من الكلية أولاً قبل طلب اعتماد المشرف.			
BALANCE FOR EDUCATIONAL LEAVE			<input type="checkbox"/> Proceed To Supervisor
CURRENT:	REQUESTED:	REMAINING:	
SIGNATURE			STAMP

APPROVAL OF SUPERVISOR	
Please attach this form to the intern's evaluation. الرجاء إرفاق هذه الاستمارة مع تقييم الطالب في نهاية الفترة.	
<input type="checkbox"/> Approved	<input type="checkbox"/> Not Approved
SUPERVISOR:	
SIGNATURE	
STAMP	

## NOTES

**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.

## ملاحظات

**الرصيد المحدد** ينتهي بنهاية كل فترة (لا يسمح بتراكم الرصيد).  
**أيام نهاية الأسبوع** لا تحتسب ضمن العدد المطلوب من الاجازات.  
**الإجازة الاعتيادية:** تطلب على حسب الأيام المحدد للفترة.  
**الإجازة التعليمية:** يشترط إرفاق إثبات تسجيل للدورة.