



Leave Request Form For Medical Interns

Intern Name: _____ Badge: _____ Batch: _____
Rotation: _____ Period of rotation: _____

Type of leave requested

Annual _____ Days Urgent _____ Days Educational _____ Days
 Holiday _____ Days Other _____ Days Specify: _____
Start Date: _____ End Date: _____
Return to work: _____
Actual number of days away from work: _____ Days
Date Applied: _____ Intern's Signature: _____

This part to be used by the Department

Approved Disapproved
RTP Director: _____ Signature: _____
Date: _____

This part to be used by Medical Internship Unit

Approved Disapproved

Dr. Hashem Almarzouki
Associate Dean, Clinical Affairs
Signature _____