



Application for Business Leave

This form must be filled out in its entirety with all signatures and dates stated on the form. It is the responsibility of the applicant to ensure that all signatures are obtained for each section of this form. All supporting material **must** be attached with this form. Failure to do so will result in the return of this application to the applicant.

Check the correct box : *Physician* *Non - Physician*

Name : Badge No. :

Position :

Department :

Details of leave request :

Purpose of Request :

Location : Inclusive Date From : To :

Supporting documents Attached : *Yes* *No*

Housing Accommodation : *Provided* *Not Provided*

Applicant's Signature

Date

Chairman / Dept. Head
(Name & Signature)

Date

In Kingdom : (As per APP: 1414-004) *Days only* *Business Leave Per Diem Allowance* *Ticket*
 Temporary Assignment *Funding Source*

Purpose of Business Leave : *Job Rotation* *Non-Supervisory Training*
 Special Events *Accompany Royal Family*

Approved **Disapproved**

Respective Executive Director
(Name & Signature)

Date

Out Kingdom : (As per APP: 1414-004) *Days only*

Approved **Disapproved**

Respective Executive Director
(Name & Signature)

Date

Days only *Business Leave Per Diem Allowance* *Ticket* *Funding Source*

Purpose of Business Leave : *Special Mission* *Accompany Royal Family*

Approved **Disapproved**

Chief Medical Officer / Chief Operating Officer
(Name & Signature)

Date