

Kingdom of Saudi Arabia  
National Guard Health Affairs



المملكة العربية السعودية  
الحرس الوطني - الشؤون الصحية

### Notification of Return from Scheduled Leave

Date : ..... (G) ..... (H)

TO : **Director, HR / Payroll Services**

Subject :

Employee Name : ..... Badge No. : .....

Department : .....

Hospital : .....

Region : .....

#### Type of Leave :

- Annual  Professional
- Administrative  Post
- Holiday  Other : (Specify) .....

The above employee was granted leave (TRA copy attached) to commence on : .....

and to end on : .....

The employee's actual commencement of leave was on : .....

and he / she returned to work on : .....

Expected date of reporting back to work : .....

If the actual return date is later than the expected return date, it must be supported by a revised TRA and with justification.

#### Department Chairman / Head :

Name : .....

Title : .....

Signature : .....

Date : .....

Please note once you sign this form, you shall be responsible for all legal consequences, which may result from any wrongful information embodied therein.