

Appendix 3

REQUEST FOR VACATION

Name: _____ Mobile No: _____

DATE	DURATION (How many days)	TYPE OF VACATION (Ramadan/Hajj or Intenship)

VACATION:

1. Only 5 days vacation either during Ramadan or Hajj Holiday.
2. ½ month to be taken during internship training

Requested by: _____

(Intern's Signature)

APPROVED BY : _____

DR. MOHAMMED FAROUQ
Vice Dean Clinical Affairs

APPROVED BY: _____

Head of Department
(To be approved by the department
head where the Intern is rotating)