SULTAN AHMAD SHAH MEDICAL CENTRE @IIUM
APPLICATION FOR LEAVE

STAFF INFORMATION

Name Of Applicant: _____

Post : _____ Staff No : _____

☐ ANNUAL LEAVE ☐ EMERGENCY LEAVE ☐ SUBSTITUTIONAL LEAVE
☐ SICK LEAVE ☐ UNRECORDED LEAVE ☐ *CUTI KHAS TUGAS PERUBATAN*
Details: _____ Details: _____

for : _____ day(s), effective from/on _____ until _____

Reason, if any _____

**Application must be submitted 3 days before leaving/ For Emergency leave, kindly submit the form immediately after leave.*

Address while on leave: _____

Tel. No : _____ Date: _____ Signature: _____

My replacement (name): _____ Post : _____

Date: _____ Signature: _____

RECOMENDATION/APPROVAL

☐ RECOMMENDED ☐ NOT RECOMMENDED

Name of officer who recommended leave _____

Date: _____ Signature: _____

☐ APPROVED ☐ NOT APPROVED

Name of officer who approved leave _____

Date: _____ Signature: _____

☐ RECORDED / UPDATED ☐ NOT RECORDED / NOT UPDATED

Name of officer in-charge of leave records _____

leave approved _____day(s). Balance of leave till 31st December 20 _____=_____ day(s)

Date: _____ Signature: _____