

APPENDIX X

LEAVE REQUEST APPLICATION

Interns Name:	
University Number:	
Training Center	
Mobile No.:	

Number of leave days	
Start Date	
End Date	
Reason:	**please attach supporting documents
Emergency	
**Interview	
**Examination	
Conference/Workshop	
Others	
Signature	
Sent by email	
Date of email	
Remaining Leave Credits*	*to be filled up by interns secretary

APPROVED

Interns' Director:

NOT APPROVED

Reason:

Name:

Signature:

Date:

APPROVED

Director of Clinics:

NOT APPROVED

Reason:

Name:

Signature:

Date: