

## Leave Request Form

*(To be submitted to the Internship Program Committee)*

Section	Details
<b>Intern Information</b>	Full Name: _____ National ID Number: _____ Internship ID Number: _____ Application Date: _____
<b>Requested Leave Period</b>	From Date: _____ From Time: _____ To Date: _____ To Time: _____ Total Duration (Hours): _____
<b>Type of Leave</b>	<input type="checkbox"/> Emergency Leave <input type="checkbox"/> Sick Leave <input type="checkbox"/> Other (Specify): _____
<b>Reason for Leave</b>	<input type="checkbox"/> Personal or family emergency <input type="checkbox"/> Medical examination or treatment <input type="checkbox"/> Caregiving for a critically ill family member <input type="checkbox"/> Other (Specify): _____
<b>Compliance Questions</b>	1. Have you maintained attendance and fulfilled your obligations prior to this request? <input type="checkbox"/> Yes <input type="checkbox"/> No 2. Have you attached the necessary supporting documents (e.g., medical reports)? <input type="checkbox"/> Yes <input type="checkbox"/> No 3. Is this request due to unavoidable or emergency circumstances? <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Declaration</b>	I declare that the information provided in this leave request form is true and complete. I understand that this application will be evaluated according to the institution's regulations, and I am committed to submitting any additional documents required to support my request.
<b>Intern's Signature</b>	_____
<b>Supervisor's Decision</b>	<input type="checkbox"/> Approved <input type="checkbox"/> Denied Remarks or Justifications: _____
<b>Supervisor's Name &amp; Signature</b>	_____
<b>Approval Date</b>	_____