

## Leave Request Form

Employee Name:	MASH HOOD NADUVILEKANDY	Corporation Number:	
Employee's Signature:	<i>Bismillah</i>	Department:	SURGERY
Supervisor Corp No.	01008	Supervisor Name	Dr. Ayman El-Menyar
		Supervisor Signature	<i>Ayman El-Menyar</i>

Leave Details								
Leave Type	1. Annual Leave	<input type="checkbox"/>	3- Maternity Leave	<input type="checkbox"/>	5- Casual Leave	<input type="checkbox"/>	7- Leave without Pay	<input type="checkbox"/>
	2. Marriage Leave	<input type="checkbox"/>	4- Examination Leave	<input type="checkbox"/>	6- Hajj Leave	<input type="checkbox"/>	8- Compassionate Leave	<input type="checkbox"/>
	9. Other: SICK							

Leave Reason <b>LOW BACK ACHE</b>			
Leave Start Date:	1   9   /   0   M   /   2   0   2   5	Leave End Date:	1   9   /   0   M   /   2   0   2   5
Leave Start Date:	D   D   /   M   M   /   Y   Y   Y   Y	Leave End Date:	D   D   /   M   M   /   Y   Y   Y   Y
Leave Start Date:	D   D   /   M   M   /   Y   Y   Y   Y	Leave End Date:	D   D   /   M   M   /   Y   Y   Y   Y

Annual Leave								
Ticket Requirement	<input type="checkbox"/> None	<input type="checkbox"/> Self	<input type="checkbox"/> Family	<input type="checkbox"/> Self and Family	<input type="checkbox"/> Cash	<input type="checkbox"/> Voucher		
If ticket is required with leave, please fill 'Annual Leave Ticket Details' Form								
Advance Leave Salary Request	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Leave Incentive Bonus:	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
Contractual Year:	Y   Y   Y   Y   /   Y   Y   Y   Y							
Travel Days Requested:	<input type="checkbox"/> Yes	<input type="checkbox"/> No						

Examination Leave								
Exam Date:	D   D   /   M   M   /   Y   Y   Y   Y	Examination Center	<input type="checkbox"/> Local	<input type="checkbox"/> Overseas				
<input type="checkbox"/> Hajj Leave								
Rest Days								
<input type="checkbox"/> Marriage Leave								
Date of Marriage	D   D   /   M   M   /   Y   Y   Y   Y							
<input type="checkbox"/> Maternity Leave								
Date of Delivery	D   D   /   M   M   /   Y   Y   Y   Y							
<input type="checkbox"/> Compassionate Leave								
Leave Reason	<input type="checkbox"/> Death of First Degree Relative			<input type="checkbox"/> Second Degree Relative				
Relationship of Bereaved								
Date of Bereavement	D   D   /   M   M   /   Y   Y   Y   Y							
Level Classification	<input type="checkbox"/> Local	<input type="checkbox"/> Overseas						
<input type="checkbox"/> Iddat Leave								
Date of Bereavement	D   D   /   M   M   /   Y   Y   Y   Y							
<input type="checkbox"/> Special Leave								
Arab Board Exam Date	D   D   /   M   M   /   Y   Y   Y   Y							
Examination Center	<input type="checkbox"/> Local	<input type="checkbox"/> Overseas						

Note: Return from leave form for each leave should be filled and submitted to HR before (11) days after returning, failing which your salary will be stopped suspended

Note:

Dr. Ayman El-Menyar  
Principal Research Scientist  
Trauma Surgery-HMC  
010083

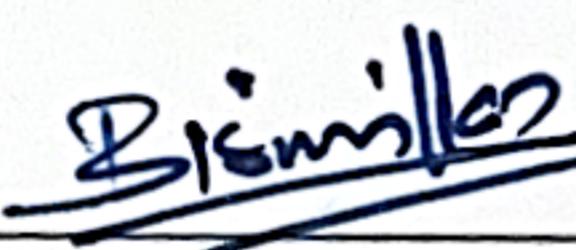
## Acknowledgement of Return from Leave

### إقرار عودة من الإجازة

I hereby declare that I have returned from leave and returned to work.

أقر أنني قد عدت من إجازتي وتسلمت عملی.

#### Part 1: Employee Information

Employee Information:	MASH HOOD NADUVILEKANDY		
	Name الاسم	Corporation Number رقم العمل	
	SURGERY	20/01/2025	
	Department الإدارة	Date of Resuming Duty تاريخ مزاولة العمل	
Employee Work Location:	<input type="checkbox"/> Al Amal Hospital	<input type="checkbox"/> Children's Hospital	<input type="checkbox"/> Qatar Heart Center (Cardiology)
	<input type="checkbox"/> Al Khor Hospital	<input checked="" type="checkbox"/> Hamad General Hospital	<input type="checkbox"/> Women's Hospital
	<input type="checkbox"/> Al Wakrah Hospital	<input type="checkbox"/> Rumailah Hospital	<input type="checkbox"/> Corporate Services/PHC
Employee Signature التوقيع			

#### Part 2: For Department Use

لاستعمال الإداراة المختصة

Approved Leave الإجازة المعتمدة من	19/01/2025	to إلى	19/01/2025
Days Over (if any) عدد أيام التجاوز			
Department Director مدير الإداراة	Dr. Ayman El-Menyar		
Signature التوقيع	Dr. Ayman El-Menyar Principal Research Scientist Trauma Surgery-HMC 083	Date التاريخ	30/01/2025

#### Part 3: Action Taken By Human Resources Department

الإجراءات (ادارة الموارد البشرية)

Signature التوقيع		Comments:
Date التاريخ		

cc: Personnel File  
Leave System

February 2010