Bandung. 03 Maret 2025 Kepada Yth. Ketua Pengadilan Tinggi Agama Bandung Di Bandung

| | | FORMULIR PE | RMINTAAN | DAN PE | MBERIA | N CUTI | | |
|------------------------------|----------|---------------|-------------------|--------------------|--------------------------------------|------------------------------|------------------------|----|
| I. DATA | A PEGA | AWAI | | | | | | |
| Nama | Dr. / | AGUS YUNIH, S | .H., M.H.I. | NIP | | 1962011919 | 992031002 | |
| Jabatan | | Hakim Tinggi | | Masa | | | | |
| Unit Kerja | PEN | IGADILAN TING | GI AGAMA E | BANDUN | G | | | |
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| | | YANG DIAMBIL | ** | | | | | |
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| 3. Cuti Sakit | | | V | | Cuti Melahirkan | | - | |
| 5. Cuti Karena Alsan Penting | | | _ | 1000000 | Cuti di Luar | | - | |
| | | | | 1 | Tanggungan Negara | | | |
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| III. ALAS Sakit / Dir | SAN CL |) | | | | | | |
| Sakit / Dii | awat | | | | | | | |
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| | | | | | ranggu | ingan Negara | | |
| V. ALA | MATSE | LAMA MENJAL | ANKAN CUT | -[*** | | | | |
| v. ALA | IVIAT OL | -LAWA WILNOAL | ANIVAN COT | TELP | 08 | | | |
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| rtota Barr | laarig | | | | | riorinat saya, | | |
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| | | | | | Dr. AGU | or. AGUS YUNIH, S.H., M.H.I. | | |
| | | | | | NIP. 196201191992031002 | | | |
| | | | | | | | | |
| VI. PER | RTIMBA | NGAN ATASAN | LANGSUNG | ** | | | | |
| DISETU | JUI/ | PERUBAHAN | DITANGO | SUHKAN | TIDAK | DISETUJI | 64 - 1.00 94 - 1.00 | |
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| VII. KEPUTUS | AN PEJABAT YAI | NG BERWENANG ME | EMBERIKAN CUTL | |
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| | | | Dr. Drs. H. ENDANG AL | _l |
| | | | MA'SUM, S.H., M.H. | |
| | | | NIP. 1958090419840310 | 03 |



SURAT KETERANGAN DIRAWAT

(CERTIFICATE OF CARE)

No: 119/5k1) - 1A /RSE/ 11 / 2025

Yang bertanda tangan di bawah ini, Dokter Edelweiss Hospital menerangkan bahwa : The undersigned below, the Edelweiss Hospitals doctor explained that: Nama Lengkap/Fullname AGUS YUNIH SH., MHI ... Tn. 19-01-1962 No. Rekam Medis/Medical Record L / P *)/Male/Female*) MRN# 00-10-13-80 MANAGE CARE - MANDIRI INHEA Tempat, Tanggal lahir / Umur Dr. Floriyani Indra Putri, Sp.PD 26-02-2025 11:21:09 RAWATINAP, LAVENDER 6 - VIP / Date of birth /Age Pekerjaan/Occupation Alamat/Address Menyatakan bahwa pasien tersebut pada saat ini benar-benar sedang menjalani perawatan di: That the patient is currently undergoing treatment at: Lovender Ruang / Kelas/Room/Class Obs Februs , cikingunya, HT terkontrol, Diagnosa/Diagnosis 26-02-2025 Tanggal Masuk/Date of entry

Demikian surat keterangan ini dibuat dengan sebenar-benarnya dan dapat dipergunakan sebagaimana mestinya.

This certificate is made truthfully and can be used properly.

Bandung, 27 - 02 - 2025

Dokter/Doctor,

dr. Florizani 8p.PD

Tanda Tangan dan Nama Jelas Signature and Name

^{*)} Coret yang tidak perlu (*Cross out if not necessary*)
Soekarno - Hatta St. No. 550, Sekejati, Buahbatu, Bandung City,
West Java 40286, Telp. (022) 86023000



SURAT KETERANGAN SAKIT

MEDICAL CERTIFICATE

NO: 076/ 5245 - 1A-/RSE/ 11/20 15

| Yang bertanda tangan di bawah ini, Do Whereof the undersigned, Doctor Edelweiss Nama Lengkap/Fullname Tempat, Tanggal lahir/Date of birth Umur/Age Jenis Kelamin/Sex No. Rekam Medis/Medical Record Alamat/Address | : Hospital, explained that: : : : : CHiaki-laki/Male | AGUS YUNIH SH., MHI Tn. 19-01-1962 (L) MRN# 00-10-13-80 MANAGE CARE - MANDIRI INHEA Dr. Florlyanl Indra Putri, Sp.PD 26-02-2025 11:21:09 RAWAT INAP, LAVENDER 6 - VIP / MANAGE CARE |
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| Berdasarkan dari pemeriksaan medis Based on the medical examination that has sehingga perlu beristirahat selama so the need to rest during | s been performed, the patient is3 hari terhitung dari ta days starting from | nggals/d until |
| Demikian surat keterangan ini dibua mestinya. Thus, this certificate is written based on red | al condition and to be used prop Band | |

*) Coret yang tidak perlu/Cross the unnecessary ones Berilah tanda ceklis (✓) pada kotak pilihan/Put a check mark (✓) on the option box

Soekarno - Hatta St. No. 550, Sekejati, Buahbatu, Bandung City, West Java 40286, Telp. (022) 86023000

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