

**REPUBLIC OF RWANDA**



**WESTERN PROVINCE  
RUTSIRO DISTRICT  
MURUNDA HOSPITAL**

**Tel:+250 788 50 16 58**

**Email:murundahospital@gmail.com**

## **Authorized leave**

**Delivered to:** Miss. Madaline Dodson

**Email:** qiru@mailinator.com

**Phone:** 51

**Rank or Function:** department\_h

**Department:** Dep 1

**Reason or results:**asdad

**Date of return:**2022-07-22

**Planned duration (Number of hours or days):** 21 Days

**From date:**2022-07-08

**Date of return:**2022-07-22

**Requester Signature:**



**Requested at:**2022-07-20 16:57:07

Who will do your work in your absence?

**sdfsfsfs**

**0 Comments for this request**

[Back](#)

[Export to PDF](#)