



NEOM Hospital Form
Accommodation Check-Out Form

Serco Business

Section 1. Guest Details

Guest Name	Abdulkarim Alhassoun		
Company ID/Passport No.	8016	Company Name	Falme L
Department	Anesthesiology	Position	Consultant
Building Number	2	Room Number	6
Status/Rationale of Leave: Annual Leave <input type="checkbox"/> Emergency Leave <input type="checkbox"/> Medical Leave <input type="checkbox"/> Others <input checked="" type="checkbox"/> Transfer			

Section 2. Guest Remark

Guest Signature:		Check-Out Date	01/09/24 September
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Section 3. Accommodation In-charge Remarks

Rooms are in good condition	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	
Keys returned	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	
Accommodation In-charge Name	S. M.		
Accommodation In-charge Signature		Date	01/09/24