



NEOM Hospital Form
Accommodation Check-Out Form

Serco Business

Section 1. Guest Details				MALE
Guest Name	SALEM ABDULLAH JARALLAH			
Company ID/Passport No.	106603/1062750011	Company Name	FAKEEH	
Department	CATH LAB	Position	TECHNOLOGIST	
Building Number	B-3	Room Number	R-108 ^{SHARED} (A)	
Status/Rationale of Leave: Annual Leave <input type="checkbox"/> Emergency Leave <input type="checkbox"/> Medical Leave <input type="checkbox"/> Others <input checked="" type="checkbox"/>				

Section 2. Guest Remark			
Guest Signature:		Check-Out Date	24-8-2024

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	mary		
Accommodation In-charge Signature		Date	24-08-2024

Removed from
the group