



Serco Business

NEOM Hospital Form

Accommodation Check-Out Form

Section 1. Guest Details

Guest Name	Bija Lakshmi		
Company ID/Passport No.	8129	Company Name	Fakeeh
Department	OR	Position	Staff Nurse
Building Number	3	Room Number	113
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	21/8/2024
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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	Ebtisam Almarzi		
Accommodation In-charge Signature		Date	21/Aug/2024

Removed from the group