



NEOM Hospital Form

Serco Business

Accommodation Check-Out Form

Section 1. Guest Details

Guest Name	Mary Yesudas		
Company ID/Passport No.	8075 / 2556 405930	Company Name	Fakeeh
Department	ICU Nurse	Position	Nursing
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 / Aug / 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 Alanaizi		
Accommodation In-charge Signature		Date	21 / Aug / 2024

Removed from the group