**Sultan Qaboos University  جامعة السلطان قابوس**

**College of Medicine & Health Sciences**

**Internship Training Program**

**LEAVE APPLICATION**

|  |  |  |  |
| --- | --- | --- | --- |
| **Full Name:** |  | **College ID No.:** |  |
| **Job ID No.:** |  |
| **Rotation during which leave is to be taken:** |  | **Hospital:** |  |
| **Region(المديرية التابع لها)** |  |

|  |  |
| --- | --- |
| **Type of Leave:** |  **Annual** |
|  |  **Maternity** |
|  |  **Educational*(attendance/registration proof should be attached)*** |
|  |  **Other** |

|  |  |  |  |
| --- | --- | --- | --- |
| **Date Leave Begins:** |  | **Date Leave Expires:** |  |
| **Due Date Back to Work:** |  | **Total No. Days Leave:** |  |
| **Contact Address while on Leave:** |  | **Mobile:**  |  |
| **Signature of Intern:** |  | **Date:** |  |

|  |  |  |
| --- | --- | --- |
| **(1) Approval of Assistant Dean of Training & Community Service:** | **Accrued Leave:** |  **Days.** |
| **Leave Applied:** |  **Days.** |
| **Balance:** |  **Days.** |
| **Authorized Signature & Date:** |  |

|  |  |  |
| --- | --- | --- |
| **(2) Approval of Hospital Internship Coordinator:** | **Signature:** | **Date:** |
| **(3) Approval of Head of Department** | **Signature:** | **Date:** |

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1. All types of leaves should be approved by the ADTCS Office, College of Medicine & Health Sciences.
2. The completed application form should be forwarded to Internship Office **immediately on a daily basis.** (E-mail Address: **interns.****medtcs@gmail.com**).
3. Interns are entitled to a total of **28** **days** (including weekend and holidays) as annual leave and 5 days as educational leave (a copy of the attendance certificate should be attached)
4. Interns may take a maximum of two weeks (14-days) as annual leave during any one rotation.
5. Interns may not take annual leave during an elective rotation.