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|  | | | | | | | | | | | | **أقسام العلوم والدراسات الطبية**  **كلية العلوم**  **رقم الملف: ( )** | | | | | | | | | | **الرقم:** | | | | | | | | | | | | | | | | | | | | |
| **التاريخ:** | | | | | | | | | | | | | | | | | | | | |
| **الموافق:**  **طلب معالجة تغيب بموافقة الرئيس المباشر**  (مابعد استنفاذ 10أيام عادية متفرقه) | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | | | | | | | **موظف** | | |  | | | | **مستخدم** | | | |  | | **عامـــل** | | | |  | **متعـاقد** | | | | | | |  | | | | | | | | | |
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| **أولاً: الطلب المقدم من طالب الإجازة.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **الاسم الرباعي:** | |  | | | | | | | | | | | **الوظيفة:** | | | | | |  | | | | | | | **المرتبة ورقمها:** | | | | | | | | | | | | |  | | | |
| **ارغب الترخيص لي بإجازة : عادية لمعالجة تغيب** | | | | | | | | | | | **مدة (** | | | | | | **يوم** | | | | **) اعتباراً من:** | | | | | **/ / 14هـ**  **حيث أن الموظفة استنفذت رصيدها المتفرق من الإجازات العادية ، وقد تغيبت عن العمل للأسباب التالية :**  **.............................................................................................................................** | | | | | | | | | | | | | | | | |
| **التاريخ :** | **/** | | **/** |  |  | **14هــ** | |  | | | | | | | | | | | | | | **التوقيع:** | | | | |  | | | | | | | | | | | | | | | |
| **ثانياً: موافقة الرئيس المباشر. وقد باشرت عملها يوم : / / 14هـ** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| لا مــانع لدينا من منحه الإجازة المطلوبة إذا كانت مستحقة نظاماً. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **الوظيفة:** |  | | | | | | | | | | **الاسم**: | | | |  | | | | | | | التوقيع: | | | | |  | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | التاريخ : | | | | | |  | / | | | | | / | |  | | 14هـ | | |  | |
| **ثالثاً موافقة صاحب الصلاحية.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **الوظيفة:** | **مديرة إدارة كلية العلوم** | | | | | | | | الاسم**: أ. غـادة العـــــــــلي** | | | | | | | | | | | | | | التوقيع: | | | | | | | |  | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | التاريخ | | | | | | | | | |  | | | | / | | |  | | / | |  | | | 14هــ | | | |
| رقم الحفظ في برنامج مدار:  التاريخ:  كلية العلوم/ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |