



Professional Leave Application

- Note :**
- It is the responsibility of the applicant to ensure that all signatures are obtained for each section on this form.
 - All supporting documents including meeting literature must be attached to this form.
 - Please refer to APP 1414-05 : Professional Leave Policy.

Part I - To be completed by the Applicant

Region : Riyadh Jeddah Al Ahsa

Applicant Name : Badge No. :
Position Title : Mail Code : Pager No. :
Department : Tel. Ext. # :
E-mail Address :
Meeting Title : Total No. of Days:
Location : Date : From : To :

Applicant's Category : Academic Staff Senior Management
 Medical Staff Research Staff Other, specify:

Applying For : Paid Professional Leave Days-Only Professional Leave
 Financial support to pay registration fee for CME activities/events organized by the KSAU- HS/MNG-HA in lieu of paid professional leave allowance

Purpose : To attend National/International Medical Meeting / Scientific / Professional meeting
 To chair/present at National/International Medical Meeting / Scientific / Professional meeting
 To attend CME activities/events organized by the KSAU- HS/MNG-HA
 Other, please specify:

Supporting Documents Attached : LRA Form Clinical Blocking / Coverage Request Form (as applicable)
 Scientific/Academic Program Invitation/Acceptance Letter from event's Organizer (as applicable)
 Medical Staff CME Database Other, please specify:

Applicant Signature

Date

Part II - To be completed by the Dean/Chairman/Department Head

1. Reviews and supports caliber of the meeting for employee and organization Yes No
2. Verifies the meeting contains at least 21 hours of lectures (if applicable) Yes No
3. Employee has attended recommended quota of departmental educational meetings Yes No
4. Staffing level is maintained while employee is absent Yes No
5. Has more than one professional leave been taken within the employee's current contractual year? Yes No
6. If yes, list the meeting(s) and date(s) of professional leave or attach supporting documents.
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Recommended Not Recommended

Dean / Chairman / Department Head
(Name & Signature)

Date

Part III - To be completed by Health Information Management (if applicable)

1. All patient records are complete Yes No

Part IV - To be completed by Respective Dean/Department Head

1. Supports caliber of meeting for employee Yes No

2. Recommends: Approval Disapproval

Director, Health Information Management
(Name & Signature)

Date

Dean/Department Head
(Name & Signature)

Date

Part V - To be completed by Human Resources

Contract Date :

End of Contract :

Position Title :

Benefit Group :

1. The leave is not within the last three months of contract Yes No

2. If no to above, verifies that an intent to recontract has been signed Yes No

Director, Human Resources
(Name & Signature)

Date

Part VI - To be completed by Deanship of Postgraduate Medical Education

1. Supports caliber of the meeting for employee and organization Yes No

2. Has more than one professional leave been taken within the employee's current contractual year? Yes No

3. If yes, was the professional leave approved as: Paid Days-Only

4. List meeting(s) and date(s) of professional leave (attach additional sheet if necessary) :

5. Recommends: Approval Paid Days-Only
 Disapproval

Dean, Deanship of Postgraduate Education, KSAU-HS /
Director, Postgraduate Medical Education (as applicable)
(Name & Signature)

Date

Part VII - To be completed by Finance Department

1. Availability of Funds : Available Not Available

2. Source of Funding :

Director, Finance Department
(Name & Signature)

Date

Note : • For applicants from KSAU-HS, please forward duly signed form to the office of the respective Vice President/General Director for final approval.

Part VIII - To be completed by Respective Vice President/General Director

Approved Disapproved

Vice President/General Director
(Name & Signature)

Date