



## 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.  
.....

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

\_\_\_\_\_  
**Director, Health Information Management** **Date**  
(Name & Signature)

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

1. Supports caliber of meeting for employee  Yes  No  
2. Recommends:  Approval  Disapproval

\_\_\_\_\_  
**Dean/Department Head** **Date**  
(Name & Signature)

**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** **Date**  
(Name & Signature)

**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 /** **Date**  
**Director, Postgraduate Medical Education (as applicable)**  
(Name & Signature)

**Part VII - To be completed by Finance Department**

1. Availability of Funds :  Available  Not Available  
2. Source of Funding : .....

\_\_\_\_\_  
**Director, Finance Department** **Date**  
(Name & Signature)

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

Approved  Disapproved

\_\_\_\_\_  
**Vice President/General Director** **Date**  
(Name & Signature)

**Part IX - To be completed by President, KSAU-HS**

Approved  Disapproved

\_\_\_\_\_  
**President, KSAU-HS** **Date**  
(Name & Signature)