



LEAVE APPLICATION FORM FOR INTERNS

<u>To be filled by the applicant</u>			
Full Name:			
Date of start of internship:			
Present Rotation:		Department:	
		From: _____	To: _____
<input type="checkbox"/> Annual	<input type="checkbox"/> Study	<input type="checkbox"/> EID	<input type="checkbox"/> Sick Leave
Leave requested Inclusive:	_____ day(s)	From: _____	To: _____
<input type="checkbox"/> Annual	<input type="checkbox"/> Study	<input type="checkbox"/> EID	<input type="checkbox"/> Sick Leave
Leave taken during the present rotation:			_____ day(s)
<input type="checkbox"/> Annual	<input type="checkbox"/> Study	<input type="checkbox"/> EID	<input type="checkbox"/> Sick Leave
Leave availed of during previous rotations:			_____ day(s)
<u>For use by the Department</u>			
Approved <input type="checkbox"/> Not Approved <input type="checkbox"/>			
Chairman of Department:-----			
Name:-----			
Signature:-----			
Date:-----			
Internship supervisor		Signature: _____	
		Date: _____	