

نموذج إخلاء طرف للموظف

Employee Clearance

Employee Name	Employee ID No.	Job Title	Employment Date
Reason for Clearance	<input type="checkbox"/> Resignation <input type="checkbox"/> Retirement <input type="checkbox"/> Leave of Absence <input type="checkbox"/> Termination <input type="checkbox"/> Vacation <input type="checkbox"/> Others: _____	Last working day :	
Employee Assigned Areas:	Department :		
<input type="checkbox"/> Prosthodontics <input type="checkbox"/> Endodontic <input type="checkbox"/> Pediatric <input type="checkbox"/> Oral Maxillo Facial <input type="checkbox"/> Restorative <input type="checkbox"/> Periodontics <input type="checkbox"/> Implantology <input type="checkbox"/> Anesthesia <input type="checkbox"/> Mobile Clinic <input type="checkbox"/> Orthodontic <input type="checkbox"/> General Dental <input type="checkbox"/> Advance Dentistry <input type="checkbox"/> Medical Emergency <input type="checkbox"/> Patient Affairs <input type="checkbox"/> Nursing <input type="checkbox"/> Radiology <input type="checkbox"/> Infection Control <input type="checkbox"/> CSSD <input type="checkbox"/> Laboratory <input type="checkbox"/> Bio-Medical Engineering <input type="checkbox"/> Administration <input type="checkbox"/> Auxiliary			
Letter Received (Signed by Head of Dept.)	Notification to the following Department (Thru Official Email Add)		
<input type="checkbox"/> Vacation <input type="checkbox"/> Resignation <input type="checkbox"/> Termination <input type="checkbox"/> Retirement	<input type="checkbox"/> Administration <input type="checkbox"/> Human Resources <input type="checkbox"/> IT (User Account De-activation) <input type="checkbox"/> Security Unit		
Working Area Supervisor/In-charged: _____ <div style="display: flex; justify-content: space-around; width: 100%;"> Printed Name Signature Date </div>			
Head of the Department : _____ <div style="display: flex; justify-content: space-around; width: 100%;"> Printed Name Signature Date </div>			
(For Employee)	I have surrendered all items entrusted to me during my employment. Signature: _____ Date: _____		

Departments الاقسام	Head of Dept. رئيس القسم	Signature التوقيع	Date التاريخ
CSSD قسم التعقيم	Dr. Muhaned Alghamdi		
Nursing Dept. قسم التمريض	Dr. Ghadeer Basunbul		
IPAC قسم مكافحة العدوى	Ms. Alla Alraddadi		
Radiology Dept. قسم الاشعة	Dr. Hanadi Khalifa		
Prosthodontic Laboratory قسم المعامل و التركيبات	Dr. Wael Elias		
Panthom Lab <input type="checkbox"/> Male <input type="checkbox"/> Female معمل المحاكاه	Dr. Wael Elias		
IT قسم تقنية المعلومات	Dr. Sarah Aqeel		
R4 برنامج النظام الصحي	Dr. Sarah Aqeel		
Store قسم المستودع	Mr. Sultan Attar		
Library المكتبة	Dr. Abdulelah Bin Mahfooz		
Finance قسم المالية	Mr. Mohammed Almalki		
Housing Office (Company Employee) مكتب الأَسكان	Mr. Mahmood Sheikh		
KAUDH Project Manager (Company Employee) مدير الشركة	Mr. Mahmood Sheikh		
Security Dept. (Id Employee surrendered) قسم الأمن	Engr. Mohaned Alghamdi		
Support Services (Keys/Electronic ID key) قسم الخدمات المساندة	Engr. Fahad Almutairi		
Biomedical Engineering قسم الصيانة الطبية	Engr. Fahad Almutairi		
Personnel Affairs قسم شؤون الموظفين	Mr. Hazim Alsaadi		

The employee mentioned above was cleared by the KAUDH administration, that he/she has no remaining liabilities for the belongings in this University Dental Hospital.

تشهد ادارة المستشفى بأن الموظف المذكور اعلاه، قد قام بتسليم ما لديه من عهد وليس عليه اي التزامات تجاهها.

Mr. Sarhan Alkhudaïdi

Supervisor of Human Resources Dept., KAUDH

Date : _____

Vice Dean, Director of KAUDH

Date : _____

E-mail: البريد الإلكتروني: den.hospital@kau.edu.sa

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(KAUDH Admin., Original copy / Company management, duplicate copy)

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