



SUBANG JAYA MEDICAL CENTRE SDN BHD

(Company No: 87533-X)

1, Jalan SS 12/A, Subang Jaya, 47500 Petaling Jaya, Selangor Darul-Ehsan
Tel: 03-56341212 Fax: 03-56306209

MEDICAL STAFF LEAVE, CLINIC & SERVICE REQUEST FORM

Date : _____

To : Executive Director, Medical Centre From : _____

I. LEAVE NOTICE

- Leave Application Medical)please tick where applicable
- Conference)and provide supporting documents

Change in Specialist Call Roster

I will be absent from the hospital from _____ till _____

During this period Datuk/Dato'/ Dr _____ will cover on my behalf.

Please schedule me to take Datuk/Dato/ Dr _____ next on call period.

Leave Cancellation

Please cancel my previous leave request from _____ till _____.

II. CLINIC NOTICE

Clinic Cancellation

Please cancel my clinic session from _____ till _____ while I am away.

Extra Clinic Session Request

I would like to request for an extra clinic session on _____.

III. OT SERVICE

Operating Theatre Cancellation Notice

I would like to cancel my operating theatre list on _____.

Signature: _____

Distribution List : (As per e-mail addresses). Hard copy : 1) Accounting 2) Appointment 3) Leave file