

Overseas Leave Request Form

for International Trainees
Maharaj Nakorn Chiang Mai Hospital, Faculty of Medicine, Chiang Mai University

Date: ____ / ____ / ____ (DD / MM / YYYY)

To: Head of Department / Supervising Faculty

I, Mr./Ms./Dr. _____,

currently attending a clinical training program, observership, or research training program at the Department of _____, would like to request for leave as follows:

☐ Personal Leave

☐ Vacation Leave (If traveling abroad, please inform and coordinate with your home institution in advance.)

☐ Others (please specify): _____

Leave Period:

From: ____ / ____ / ____ To: ____ / ____ / ____

Total: ____ days (____ working days)

During the leave period, I can be contacted via:

☐ Phone: _____

☐ Address: _____

☐ Others (e.g., LINE / E-mail): _____

I will return to resume the program on ____ / ____ / ____

Sincerely,

(Signature) _____

Department: _____

Comments from Head of Department / Supervising Faculty:

Official Authorization:

☐ Approved

☐ Not Approved

(Signature) _____

(Name) _____

Date: ____ / ____ / ____

Remarks:

1. Overseas leave requests must be submitted to the Head of Department for approval. Failure to do so may be considered neglect of responsibility.
2. If the Head of Department is unavailable, the request should be submitted to the supervising faculty member in your department for approval.
3. **The completed Overseas Leave Request Form must be submitted to the International Affairs Office at least one month prior to the intended start date of the leave.**