

**BORANG KELULUSAN CUTI SAKIT TIBI, KUSTA & BARAH**

**BAHAGIAN SUMBER MANUSIA
*SICK LEAVE APPROVAL FORM TUBERCULOSIS, LEPROSY & CANCER***

***HUMAN RESOURCES***

No. Pekerja :
*Employee No*

Nama Pemohon :

*Name of applicant*

Jawatan & Gred : Jabatan :

*Position & Grade Department*

Tarikh disahkan menghidap penyakit Tibi, Kusta & Barah :
*Date of diagnosis of TB, Leprosy & Cancer*

\* Sila lekatkan sijil cuti sakit tibi, kusta & barah yang diberikan oleh Pegawai Perubatan di ruangan ini
\* *Please attach medical certificate for tuberculosis, leprosy & cancer provided by the Medical*

 PERAKUAN KETUA JABATAN KELULUSAN PENDAFTAR
 *CERTIFICATE OF DEPARTMENTS APPROVAL OF THE REGISTRAR*

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