بسمهتعالی

**ﻓﺮﻡ ﺗﺎﯾﻴﺪ ﺳﻮﺍﺑﻖ ﺧﺪﻣﺘﯽ ﻣﺸﻤﻮﻟﻴﻦ ﺍﻣﺘﻴﺎﺯ ﻭﯾﮋﻩ ﮐﺮﻭﻧﺎ**

**ﺩﺭ آﺯﻣﻮﻥ ﺍﺳﺘﺨﺪﺍﻣﯽ ﺩﺍﻧﺸﮕﺎﻫﻬﺎ/ﺩﺍﻧﺸﮑﺪﻩ ﻫﺎي ﻋﻠﻮﻡ ﭘﺰﺷﮑﯽ ﻭ ﺧﺪﻣﺎﺕ ﺑﻬﺪﺍﺷﺘﯽ ﺩﺭﻣﺎﻧﯽ ﮐﺸﻮﺭ**

ﺩﺍﻧﺸﮕﺎﻩ ﻋﻠﻮﻡ ﭘﺰﺷﮑﯽ ﻭ ﺧﺪﻣﺎﺕ ﺑﻬﺪﺍﺷﺘﯽ، ﺩﺭﻣﺎﻧﯽ ﺍﺳﺘﺎﻥ کهگیلویه و بویر احمد

**ﺍﻟﻒ( ﺍﯾﻦ ﻗﺴﻤﺖ ﺗﻮﺳﻂ ﻭﺍﺣﺪ ﻣﺤﻞ ﺧﺪﻣﺖ ﺗﮑﻤﻴﻞ ﮔﺮﺩﺩ:**

ﺑﻴﻤﺎﺭﺳﺘﺎﻥ/ ﻣﺮﮐﺰ /ﺷﺒﮑﻪ:

ﮐﺪﻣﻠﯽ:

ﻧﺎﻡ ﭘﺪﺭ:

ﻧﺎﻡ ﻭ ﻧﺎﻡ ﺧﺎﻧﻮﺍﺩﮔﯽ ﻣﺸﻤﻮﻝ:

ﻣﻘﻄﻊ ﻣﺪﺭک ﺗﺤﺼﻴﻠﯽ: ﺭﺷﺘﻪ ﺗﺤﺼﻴﻠﯽ:

**ﺭﺍﺑﻄﻪ ﺍﺳﺘﺨﺪﺍﻣﯽ/ﮐﺎﺭي:**

ﻗﺮﺍﺭﺩﺍﺩ 89 ﺭﻭﺯﻩ ﻣﺘﻌﻬﺪﯾﻦ ﺧﺪﻣﺖ)ﺿﺮﯾﺐ ﮐﺎ( 

ﺷﺮﮐﺘﯽ  ﻃﺮﺣﯽ )ﻗﺎﻧﻮﻥ ﭘﺰﺷﮑﺎﻥ ﻭ ﭘﻴﺮﺍﭘﺰﺷﮑﺎﻥ(

ﻗﺮﺍﺭﺩﺍﺩ ﭘﺮﺳﺘﺎﺭﺍﻥ

ﻗﺮﺍﺭﺩﺍﺩ ﭘﺰﺷﮑﺎﻥ

ﻗﺮﺍﺭﺩﺍﺩ ﻗﺎﻧﻮﻥ ﮐﺎﺭ

ﻗﺮﺍﺭﺩﺍﺩ ﻣﺸﺎﻏﻞ ﮐﺎﺭﮔﺮي

ﻗﺮﺍﺭﺩﺍﺩ ﮐﺎﺭ ﻣﻌﻴﻦ  ﻗﺮﺍﺭﺩﺍﺩ ﭘﺰﺷﮏ ﺧﺎﻧﻮﺍﺩﻩ

ﭘﺮﺳﻨﻞ ﺑﺨﺶ ﺧﺼﻮﺹ

**(\* ﺍﯾﻦ ﺟﺪﻭﻝ ﺗﻮﺳﻂ ﻭﺍﺣﺪ ﻣﺤﻞ ﺧﺪﻣﺖ ﺗﮑﻤﻴﻞ ﻣﯽ ﮔﺮﺩﺩ.**

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| **ﺟﻤﻊ ﻣﺪﺕ ﺯﻣﺎﻥ ﺣﻀﻮﺭ ﻭﺍﻗﻌﯽ)ﺑﻪ ﺭﻭﺯ ﻭﻣﺎﻩ(** | | **ﻣﺪﺕ ﻣﺮﺧﺼﯽ ﺍﺳﺘﺤﻘﺎﻗﯽ، ﺍﺳﺘﻌﻼﺟﯽ ،ﺯﺍﯾﻤﺎﻥ، ﻏﻴﺒﺖ ﻭ**  **ﺑﺪﻭﻥ ﺣﻘﻮﻕ ﺩﺭ ﺍﯾﻦ ﺑﺎﺯﻩ** | | **ﺗﺎﺭﯾﺦ ﭘﺎﯾﺎﻥ ﻓﻌﺎﻟﻴﺖ ﺩﺭ**  **ﻣﺮﺍﮐﺰﺩﺭﮔﻴﺮ ﮐﺮﻭﻧﺎ** | **ﺗﺎﺭﯾﺦ ﺷﺮﻭﻉ ﻓﻌﺎﻟﻴﺖ ﺩﺭﻣﺮﺍﮐﺰ**  **ﺩﺭﮔﻴﺮ ﮐﺮﻭﻧﺎ** | **ﺑﺨﺶ/ ﻗﺴﻤﺖ ﻣﺮﺑﻮﻃﻪ** | **ﻭﺍﺣﺪ ﻣﺤﻞ ﺧﺪﻣﺖ** | **ﻋﻨﻮﺍﻥ ﭘﺴﺖ/ ﺷﻐﻞ** |
| **ﺭﻭﺯ** | **ﻣﺎﻩ** | **ﺭﻭﺯ** | **ﻣﺎﻩ** |
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| **-1 ﺩﺭ ﺳﺘﻮﻥ ﺟﻤﻊ ﻣﺪﺕ ﺯﻣﺎﻥ ﺣﻀﻮﺭ ﻭﺍﻗﻌﯽ ﻣﻴﺰﺍﻥ ﮐﺎﺭﮐﺮﺩ ﻓﺮﺩ ﺑﺎ ﮐﺴﺮ ﻣﺪﺕ ﻣﺮﺧﺼﯽ ﺑﺪﻭﻥ ﺣﻘﻮﻕ، ﻣﺮﺧﺼﯽ ﺍﺳﺘﺤﻘﺎﻗﯽ، ﺯﺍﯾﻤﺎﻥ ﻭ ﻣﺮﺧﺼﯽ ﺍﺳﺘﻌﻼﺟﯽ ﺩﺭﺝ ﮔﺮﺩﺩ.**  **-2 ﺑﺎﺯﻩ ﺍﺣﺘﺴﺎب ﺍﻣﺘﻴﺎﺯ ﮐﺮﻭﻧﺎ ﺍﺯ ﺗﺎﺭﯾﺦ 1398/12/01 ﻟﻐﺎﯾﺖ )1402/02/15 ﺑﺮ ﺍﺳﺎﺱ ﺍﻋﻼﻡ ﻧﻈﺮ ﺳﺎﺯﻣﺎﻥ ﺑﻬﺪﺍﺷﺖ ﺟﻬﺎﻧﯽ ﻣﺒﻨﯽ ﺑﺮ ﻣﻮﺍﺟﻬﻪ ﻣﺴﺘﻘﻴﻢ ﺑﺎ ﮐﺮﻭﻧﺎ (ﻣﯽ ﺑﺎﺷﺪ.** | | | | | | | | |
|  **ﻧﺎﻣﺒﺮﺩﻩ ﻣﺸﻤﻮﻝ ﺍﻣﺘﻴﺎﺯ ﮐﺮﻭﻧﺎ ﻧﻤﯽ ﮔﺮﺩﺩ.** | | | | | | | | |

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| **ﺑﺎﻻﺗﺮﯾﻦ ﻣﻘﺎﻡ ﺍﺟﺮﺍﯾﯽ ﻭﺍﺣﺪ** | **ﻣﺴﺌﻮﻝ ﺑﻼﻓﺼﻞ/ﻣﺪﯾﺮ ﭘﺮﺳﺘﺎﺭي** | **ﺭﺋﻴﺲ ﺍﺩﺍﺭﻩ ﻣﻨﺎﺑﻊ ﺍﻧﺴﺎﻧﯽ/ﻣﺴﺌﻮﻝ ﮐﺎﺭﮔﺰﯾﻨﯽ** | **ﻣﺴﺌﻮﻝ ﺣﻀﻮﺭ ﻭ ﻏﻴﺎب** |
| **ﻧﺎﻡ ﻭﻧﺎﻡ ﺧﺎﻧﻮﺍﺩﮔﯽ: ﺍﻣﻀﺎﺀ** | **ﻧﺎﻡ ﻭﻧﺎﻡ ﺧﺎﻧﻮﺍﺩﮔﯽ: ﺍﻣﻀﺎﺀ** | **ﻧﺎﻡ ﻭﻧﺎﻡ ﺧﺎﻧﻮﺍﺩﮔﯽ: ﺍﻣﻀﺎﺀ** | **ﻧﺎﻡ ﻭﻧﺎﻡ ﺧﺎﻧﻮﺍﺩﮔﯽ: ﺍﻣﻀﺎﺀ** |

**ب(ﺍﯾﻦ ﻗﺴﻤﺖ ﺗﻮﺳﻂ ﻣﻌﺎﻭﻧﺖ ﺩﺭﻣﺎﻥ /ﺑﻬﺪﺍﺷﺖ/ ﻣﺪﯾﺮﯾﺖ ﺣﻮﺍﺩﺙ ﻭ ﻓﻮﺭﯾﺖ ﻫﺎي ﭘﺰﺷﮑﯽ ﺗﮑﻤﻴﻞ ﮔﺮﺩﺩ.**

ﺳﻮﺍﺑﻖ ﺧﺪﻣﺘﯽ **............ ﻣﺎﻩ ﻭ ............ ﺭﻭﺯ** ﺟﻬﺖ ﻧﺎﻣﺒﺮﺩﻩ ﻣﻮﺭﺩ ﺗﺎﯾﻴﺪ ﻣﯽ ﺑﺎﺷﺪ.

**ﺍﻣﻀﺎﺀ:**

**ﻧﺎﻡ ﻭﻧﺎﻡ ﺧﺎﻧﻮﺍﺩﮔﯽ:**

**ﺝ( ﺍﯾﻦ ﻗﺴﻤﺖ ﺗﻮﺳﻂ ﮐﻤﻴﺘﻪ ﺗﻌﻴﻴﻦ ﺍﻣﺘﻴﺎﺯ ﮐﺮﻭﻧﺎ ﺗﮑﻤﻴﻞ ﮔﺮﺩﺩ.**