**نموذج طلب صلاحية المصادقة على تقييم الأداء الوظيفي**

**رقم الصادر:**

**التاريخ: / /**

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| **م** | **الرقم الوظيفي** | **الاسم** | **اسم المستخدم** | **الاجراء** | | **فئة طلبات المصادقة** | |
| **إضافة** | **حذف** | **الذكور** | **الاناث** |
| **1** |  |  |  |  |  |  |  |
| **2** |  |  |  |  |  |  |  |
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|  | **صاحب الصلاحية** | | | | | | | | | | | | **الختم** | |
| **المنصب** |  | | | | | | | | | | | |  | |
| **الاسم** |  | | | | | | | | | | | |
| **التوقيع** |  | | | | | | | | | | | |
| **التاريخ** |  | | | | | | | | | | | |
| **الموظف المختص بعمادة الموارد البشرية** | | | | | | | | | | | | | | |
| **هل يوجد ملاحظات** |  | | **لا** | |  | **نعم:** |  | | | | | | | |
| **اسم الموظف المختص** | |  | | | | | | | **التوقيع** | | | | |  |
| **اعتماد صاحب الصلاحية** | | | | | | | | | | | | | | |
| **القرار** |  | | | **الموافقة** | | | |  | | **عدم الموافقة** | **التوقيع** |  | | |

**يرسل من خلال نظام ديوان على الرقم (6/52/4)**