**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** |       |       |       |[ ] [ ] [ ] [ ]
| **3** |       |       |       |[ ] [ ] [ ] [ ]
| **4** |       |       |       |[ ] [ ] [ ] [ ]
| **5** |       |       |       |[ ] [ ] [ ] [ ]
| **6** |       |       |       |[ ] [ ] [ ] [ ]
| **7** |       |       |       |[ ] [ ] [ ] [ ]
| **8** |       |       |       |[ ] [ ] [ ] [ ]
| **9** |       |       |       |[ ] [ ] [ ] [ ]
| **10** |       |       |       |[ ] [ ] [ ] [ ]
| **11** |       |       |       |[ ] [ ] [ ] [ ]
| **12** |       |       |       |[ ] [ ] [ ] [ ]

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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)**