Application Form for Scheming Previous Experience after Appointment

Personal Information			
Full Name		Employee Number	
National ID Number		Date of appointment	
Hired on qualification		Date of obtaining the qualification	

Previous experience data after obtaining academic qualification					
#	Entity Name	Start date	End Date	Job Title	Number of working hours
1					
2					
3					
4					

Experience must be included in the Public Pension Agency and Social Insurance with the scene attached.

- ⬭ **Retirement**
- ⬭ **Insurances**

His Excellency Head of / ..... Department, Faculty/.....

Peace, mercy, and blessings be upon you.

I hereby submit to you a request to scheme the previous experience and to certify my responsibility for the validity of the information included in this request and to attach the full documents requested,

(Attachments: Copy of experience certificate + insurance/retirement print + copy of academic qualification)

Name: Signature: Date / / 14 AH

Department Board Recommendation			
Council Number		**Council Date**	
Head of Department		**Signature**	
Recommendation			
College Council Recommendation			
Board Number		**Council Date**	
College Dean		**Signature**	
Recommendation			

His Excellency the Dean of Human Resources Deanship **May Allah Protect him.**

We enclose to Your Excellency the request for the calculation of experiences after the accreditation of the •

:competent councils as follows

- Number of years of specialized experience calculated ( ) year/ years.
- Number of years of non-specialized experience ( ) year/year.

Dean of the Faculty of /..... Name/..... Signature.....