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| --- | --- | --- | --- | --- |
| Perihal  | : Permohonan Rekomendasi Surat Izin Kerja Analis (SIKA)  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  | Kepada Yth. |  |  |  |  |  |
|  |  |  |  |  |  | Kepala Dinas Kesehatan  |  |  |  |
|  |  |  |  |  |  | Kabupaten Batang |  |  |  |  |
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|  |  |  |  |  |  |  | Batang |  |  |  |  |  |
| Dengan Hormat,  |  |  |  |  |  |  |  |
| Yang beratanda tangan dibawah ini :  |  |  |  |  |  |  |  |
| Nama Lengkap | : |  |  |  |  |  |  |
| Tempat/ Tgl. Lahir | : |  |  |  |  |  |  |
| Jenis Kelamin | : |  |  |  |  |  |  |
| Lulusan |  | : |  |  |  |  |  |  |
| Tahun Lulusan | : |  |  |  |  |  |  |
| No STR |  | : |  |  |  |  |  |  |
| Masa berlaku STR | : |  |  |  |  |  |  |
| Tempat Bekerja | : |  |  |  |  |  |  |
| Alamat Rumah | : |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
| Dengan ini mengajukan permohonan untuk mendapatkan Surat Izin Kerja (SIK). |  |  |
| Sebagai bahan pertimbangan bersama ini kami lampirkan : |  |  |  |  |
| a | photo copy STR |  |  |  |  |  |  |  |  |  |
| b | surat keterangan sehat dari dokter |  |  |  |  |  |  |  |
| c | surat keterangan dari pimpinan sarana pelayanan kesehatan |  |  |  |  |
| d  | surat rekomendasi dari organisasi profesi |  |  |  |  |  |  |
| e | photo 4 x 6 sebanyak 2 (dua) lembar berwarna |  |  |  |  |  |
| f  | Foto Kopi KTP |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
| Demikian atas perhatiannya kami ucapkan terima kasih. |  |  |  |  |
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|  |  |  |  |  |  | Batang, ………………….. |  |  |  |
|  |  |  |  |  |  |  | Yang Memohon, |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  | ………………………………….. |  |  |
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