Request Form – Staff Leave

Name of Staff: _____

Date of Request: _____/_____/_____

Date of Leave: _____/_____/_____   Date of Return: _____/_____/_____

Reason for Leave: _____

_____

_____

_____

Provisions made for substitute or relief: _____

_____

_____

_____

Remarks by administrator: _____

_____

_____

_____

Staff Signature: _____

Approved by: _____   Date: _____/_____/_____