



LEAVE APPLICATION FORM

Name of staff:					
A. OFFICE	<input type="checkbox"/> Principal	<input type="checkbox"/> Trainer	<input type="checkbox"/> Administrator	<input type="checkbox"/> IT & Fac. M	<input type="checkbox"/> Admin Clerk
Leave applied for:	No. of days	DATES & DAYS	REASONS		
<input type="checkbox"/> MEDICAL with MC					
<input type="checkbox"/> EMERGENCY / COMPASSIONATE					
<input type="checkbox"/> ANNUAL					
	No. of days entitled: ____ No. of days available: ____ No. of days left: ____				
B. TEACHING	Class: J _____	<input type="checkbox"/> MT	<input type="checkbox"/> MT	<input type="checkbox"/> AT	
Leave applied for:	No. of days	DATES & DAYS	REASONS		
<input type="checkbox"/> MEDICAL with MC					
<input type="checkbox"/> EMERGENCY / COMPASSIONATE					
<input type="checkbox"/> UNPAID					
	No. of days entitled: ____ No. of days available: ____ No. of days left: ____				
C. SUPPORT	<input type="checkbox"/> Caretaker	<input type="checkbox"/> Cleaner			
Leave applied for:	No. of days	DATES & DAYS	REASONS		
<input type="checkbox"/> MEDICAL with MC					
<input type="checkbox"/> EMERGENCY / COMPASSIONATE					
<input type="checkbox"/> ANNUAL					
	No. of days entitled: ____ No. of days available: ____ No. of days left: ____				

Signature of Applicant:

Date:

Approved By :

Date:

(EMT / Principal)