



## LEAVE APPLICATION FORM

Name of staff:					
<b>A. OFFICE</b>	<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>B. TEACHING</b>	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: ____				
<b>C. SUPPORT</b>	<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)