



LEAVE APPLICATION FORM

Name of staff:	Test			
A. OFFICE	<input checked="" 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 checked="" type="checkbox"/> MEDICAL with MC	5	2023-11-22 -> 2	Sick	
<input type="checkbox"/> EMERGENCY / COMPASSIONATE				
<input type="checkbox"/> ANNUAL				
No. of days entitled: <u>0</u> No. of days available: <u>0</u> No. of days left: <u>0</u>				
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)