

Leave / Forms

Phayaopittayakhom School

Date

Subject :

Attend : Director of Phayaopittayakhom School

Name.....position.....

Department of.....

type of leave Sick leave because.....

Personal leave because.....

Number of daysFrom.....to.....

Enclosed document (s)

Contact address while I am on leave

District.....province.....Tel./Mobile.....

Sincerely Yours,

Signature.....
(.....)

Supervisor's Permission

Approved Not Approved

Approved Not Approved

Signature.....
Head of Foreign Language Department

Signature.....
Vice Director of Phayaopittayakhom School

Date.....

Date.....

The Chart On Leave

Type of leave	Last time / day	This time / day	Included as time / day
Sick			
Personal			

Approved Not Approved

Signature.....
Director of Phayaopittayakhom School
Date.....

Signature..... Authorities