LEAVE APPLICATION FORM

**At ……………………….………………………………………..**

**Date: ……………… Month: ………………………… Year: …………..**

**Topic: Request for Leave**

To the Director of Takpittayakhom School

**Name** **…………………………………………………………………. Position** **………..…………………..**

Takpittayakhom School under the Secondary Educational Service Area office Tak.

Sick Leave

Type of Leave Business Leave

Maternity Leave

Others,please specify **………………….……………………….**

**From …………………....……… To ………………………………….. Total Number……..…….…….Days**

**Foreign Teachers’ Head Note** **Signature……………………………………….… …………………………………………………………...……….. (...........................................................)**

**........................................................................................ Applicant**

**……………………………………………………………….……………..**

**………………………………………………………………………….…..**

**1. Signature** **………………………………………………………….**  **3. Signature** **……………………………………………….**

**(…..……………..……….…..………………) (** **Mrs. Pattrapawn Nuamai )**

**Corordiator Deputy Director/Academics**

**2. Signature** **…………………………………………………………. 4. Signature** **………………………………….…..……….**

**(......................................................) ( Miss Jinatta Namsang)**

**Head of Department Deputy Director/Personnel**

|  |  |  |  |
| --- | --- | --- | --- |
| **Type**  **Of Leave** | **No. of Days**  **Leave Taken** | **No. of Days**  **Balance** | **Total** |
| **Sick Leave** |  |  |  |
| **Business Leave** |  |  |  |
| **Maternity Leave** |  |  |  |
| **Others** |  |  |  |

**Official Action on Request**

APPROVED DISAPPROVED

**5. Signature** **……………………………………………… ( Dr. Phutanaphat Phummai )**

**School Director**