

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.

- Type of Leave
- Sick Leave
 - Business Leave
 - Maternity Leave
 - Others, please specify

From To Total Number.....Days

Foreign Teachers' Head Note

Signature.....

(.....)

Applicant

1. Signature

3. Signature

(.....)

(Mrs. Pattapawn Nuamai)

Corrdiator

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