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**