

DSAT LEAVE OF ABSENCE REQUEST FORM

TO BE COMPLETED BY EMPLOYEE:

Name:

First day of absence:

Last day of absence:

Date of planned return to work:

Reason for which leave is requested:

Are you requesting leave of absence with pay? **Yes / No** (please circle)

Signed: _____ Date: _____

NOW PLEASE SUBMIT YOUR REQUEST TO YOUR PRINCIPAL

FOR COMPLETION BY PRINCIPAL::

Leave of Absence decision

To:

Your request for leave of absence from _____ to _____ is:

[PLEASE TICK]

Approved with pay

Approved without pay

Not approved

Signed: _____ Date: _____
Principal

THIS FORM IS TO BE RETAINED IN THE SCHOOL AS A RECORD OF THE REQUEST

NB PLEASE ALSO SEND A COPY TO THE DSAT HR DEPARTMENT