



**St. Louis School
Chachoengsao**
Leave of Absence Request Form

Date _____

Subject : Request for leave of absence from:

- Normal working day Seminar/Training
 Others (Specify) _____

To : The Director

I, _____ (Teacher ID No.) _____

Position classroom teacher teacher assistant office personnel under the
 _____ Department would like to request for leave of absence
 on _____ (day) the _____ (date) of _____ (month) _____ (year)
 until _____ (day) the _____ (date) of _____ (month) _____ (year)
 total no. _____ days absent (in case of half day absence AM PM on _____)
 This absence is a sick leave personal leave maternity leave other(Specify)
 _____. The reason for this absence is _____.
 During my absence, I can be reached at _____ (mobile number)

Very respectfully yours,

Signature _____
 (_____)
 Date ____/____/____

For consideration : Allowed Not allowed
 Reason _____

Signature _____
 (_____)
 Department Head _____
 Date ____/____/____

For the Director's consideration and approval :

- Approved Disapproved

 Bro. Kullachart Juntachoto
 Director
 Date _____