

Leave Application

Instructions: Please complete all three sections

Date _____

The Chairman
School Board of Management
Jamaica College

Dear Sir,

Name of Teacher: _____

Department : _____

I wish to apply for:

(a) Casual Leave for _____ day(s)

Please give date(s) _____

This is equivalent to _____ session(s).

OR

(b) Sick Leave for _____ day(s).

Please give date(s) _____

This is equivalent to _____ session(s).

Note Well: All applications for Sick Leave must be accompanied by a letter of application to the Chairman of the School Board and a Medical Certificate.

Reason for making Leave application:

Teacher's Signature: _____

Principal: Request approved Request not Approved

Signature _____ Date: _____

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Leave Application Teacher's Copy

Collect this section after it is signed by the Principal

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