## Leave Application Leave Application Leave Application Teacher's Copy Instructions: Please complete all three sections Instructions: Please complete all three sections Collect this section after it is signed by the Principal Date \_\_\_\_\_ Instructions: Please complete all three sections Date \_\_\_\_\_ The Chairman Date \_\_\_\_\_ The Chairman School Board of Management School Board of Management The Chairman Jamaica College Jamaica College School Board of Management Dear Sir, Dear Sir, Jamaica College Name of Teacher: Name of Teacher: Dear Sir, Name of Teacher:\_\_\_\_\_ Department : Department : I wish to apply for: I wish to apply for: Department :\_\_\_\_\_ (a) Casual Leave for day(s) (a) Casual Leave for day(s) I wish to apply for: (a) Casual Leave for day(s) Please give date(s)\_\_\_\_\_ Please give date(s)\_\_\_\_\_\_ Please give date(s) This is equivalent to \_\_\_\_\_ session(s). This is equivalent to session(s). <u>OR</u> <u>OR</u> This is equivalent to session(s). (b) Sick Leave for \_\_\_\_\_ day(s). **(b) Sick Leave** for day(s). OR (b) Sick Leave for \_\_\_\_\_ day(s). Please give date(s) Please give date(s) Please give date(s)\_\_\_\_\_ This is equivalent to session(s). This is equivalent to session(s). This is equivalent to \_\_\_\_\_ session(s). Note Well: All applications for Sick Leave must be **Note Well**: All applications for Sick Leave must be accompanied by a letter of application to the Chairman of the 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. School Board and a Medical Certificate. accompanied by a letter of application to the Chairman of the School Board and a Medical Certificate. Reason for making Leave application: Reason for making Leave application: Reason for making Leave application: Teacher's Signature: Teacher's Signature: Teacher's Signature: \_\_\_\_\_ **Principal:** Request approved □ Request not Approved □ **Principal:** Request approved □ Request not Approved □ **Principal:** Request approved □ Request not Approved □ Signature\_\_\_\_\_ Date:\_\_\_\_ Signature\_\_\_\_\_ Date:\_\_\_\_ Signature\_\_\_\_\_\_ Date:\_\_\_\_\_