



APPLICATION FOR LEAVE OF ABSENCE FROM DUTY (OTHER THAN PERSONAL ILLNESS)

To: The Head Teacher

Name: _____

School: _____

Job title: _____

Date(s) of intended absence: _____
(if half day state am or pm)

Purpose:

Date of application: _____ **Signed:** _____

Decision of Head Teacher: **PAID/UNPAID (Delete)**

Reason: _____

Signed: _____ (Head Teacher)

Date: _____

Please ensure that this absence is recorded on the schools absence system indicating if the leave has been granted with or without salary

N.B. Requests for leave of absence from Head Teachers must be authorised by the Chief Executive Officer.