

Sick, Personal, and Maternity Leave

Chiangrai Municipality School 6

Date.....

Subject

To Director of Chiangrai Municipality School 6,

I, Ms/Mrs/Mr.....(.....Teacher),
of Chiangrai Municipality School 6, would like to request.....day(s).....leave. The
reasons are that.....

Total days of leave shall be....., from.....to....., and during my absence, I shall be
reached at.....(Telephone number)

In case 3 days or over consecutive sick leave, I have enclosed medical certification form the authorized
physician along with this leave.

Please kindly consider my request.

Sincerely Yours,

Signature.....

(.....)

Position.....

For office use only

Supervisor's permission

Type of leave	Previous approved leave	Total days of the present leave	Cumulative leave
Sick leave			
Personal leave			
Maternity leave			

Reviewed&Approved Reviewed& Disapproved

Signature.....

(.....)

Position.....

Signature..... (Officer)

Date.....

(.....)

Position.....

Date.....