Leave Form

LIBERAL ARTS

Date.....

To Dean of the Faculty of Liberal Arts

Mr. / Mrs. / Miss..... Position.....

Department.....Division.....

☐ Sick leave ☐ Personal leave ☐ Maternity leave

☐ Other (Please specify).....

From.....Until..... Total number of days.....

Current leave

From.....Until.....Total number of days.....

Contact address while on leave.....

(Signature).....

(Mr. / Mrs. / Miss.....)

For office use only

Record (October 1, 2016- September 30, 2017)

Type of Leave	Previous Leave	Current Leave	Total
Sickness	.....day (s)	.....day (s)	.....day (s)
Personal	.....day (s)	.....day (s)	.....day (s)
Maternity	.....day (s)	.....day (s)	.....day (s)

(Signature)..... Registered

by.....

Date.....

Supervisor's comment

.....

.....Department head

Date.....

.....Division head

Date.....

Order

☐ Approved ☐ Disapproved

(Signature).....

(Dean)

Date.....