



WALAILAK UNIVERSITY

Written at.....

Date.....Month.....Year.....

Subject Request for leave of absence

To

I Position

am currently working in (department) would like to request a [] sick [] personal [] maternity leave on account of (reason).....

from date...../...../..... to/...../..... for a period ofdays. Last time I took a [] sick [] personal [] maternity leave was on date/...../..... to/...../..... for a period ofdays. While I am taking a leave, the university is able to contact me at (address)

.....Phone number.....

Yours sincerely,

(Signature) Applicant

(.....)

(For Officer Section)

Leave statistics for this budget year

Leave	Previous (Days)	Current (Days)	Total (Days)
Sick			
Personal			
Maternity			

Comments of Supervisor

.....

.....

Signature

.....

Position.....

Date/...../.....

Approval

[] Approve [] Disapprove

.....

Signature

.....

Signature
(.....)

Position.....

Date/...../.....