Rayongwittayakom School

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

Subject Request for Leave of Absence

To Director of Rayongwittayakom School

I am Mr./Mrs./Ms. .....position of.....

under Office of the Basic Education Commission of Education Ministry.

Sickness ☐ due to .....

Personal Leave ☐ due to .....

Maternity Leave ☐

From (date) .....until.....for.....day(s)

Last time, I have had leave for ☐ Sickness ☐ Personal Leave ☐ Maternity Leave from

Date..... until.....for.....day(s)

In case of urgent issues, please contact me at : .....

.....

Sincerely,

Leave Statistic for this academic year			
Type of leave	**Past leave**	**This leave**	**Total**
Sickness	.....	.....	.....
Personal Leave	.....	.....	.....
Maternity Leave	.....	.....	.....

Signature.....HR

Position.....

Date.....

Leave Notice

Signature.....employee

Position.....

Date.....

School Deputy Director's opinion

.....

Signature.....

(Mr. Singha Raksatham)

Deputy Director, Personnel Department

Date.....

Signature.....

(.....)

Position.....

Department.....

Head Department's opinion

.....

Signature.....

(.....)

Head of .....

Date.....

School Deputy Director's opinion

.....

Signature.....

(Ms. Juthamat Semamorn)

Deputy Director, Academic Affairs

Date.....

School Director's opinion

☐ Approved ☐ Not approve

.....

Signature.....

(Mr. Pornsak Tipvongthong)

Director of Rayongwittayakom School

Date.....