

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.....

(.....)

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 Deputy Director's opinion**

.....

Signature.....

(Acting Sub.LT.Thanita Sawangchay)

Deputy Director, Personnel Department

Date.....

**School Director's opinion**☐ Approved ☐ Not approve

.....

Signature.....

(Mr. Pornsak Tipvongthong)

Director of Rayongwittayakom School

Date.....