

ASHS LEAVE / OUT OF SCHOOL APPLICATION / NOTIFICATION FORM

(NB: for courses / conferences please use the Professional Learning form)

Name: _____

Reason for application (please circle) :

Sick Sick as caregiver Study leave Annual Sports Cultural Time In Lieu

School Activity/Trip Principal's Discretion Bereavement Leave without pay

Dates required: First day away : _____ Last day away : _____

Total days required _____ Is relief required: Yes / No

Date/s Relief is needed _____

Period/s Relief is needed _____

Reason Leave is required

Please write on the back if you need more room

Signed: _____
(Staff member making the request)

Approved / Declined (Please circle) Paid Leave: Yes / No (Please circle)

Signed: _____ Date : _____
Principal

Principals comments / Queries:

Office use only:

Payserve advised: Yes / No

School Calendar updated: Yes / No