SPAN INTERNATIONAL ACADEMY
Edexcel IGCSE Institute

LEAVE APPLICATION REQUEST
(To be filled in by staff for leave of 1 day or more)

Staff's Name: _____ Dept: _____ Staff ID : _____

I request to be granted leave starting from _____ to _____

On account of _____

I will resume work on _____ .

Staff's Signature **:** **Date of application:**

Leave **Approved / Disapproved** from _____ to _____

Approved By **:**

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DUTY JOINING FORM

Staff's Name: _____ Dept: _____ ___ Staff ID: _____

I am resuming work/re-joining duty on _____at _____ .

Day   *Date*   *Time*

Staff's Signature: ---   **HOD/Supervisors Sign : ------------------------------------**

Approved By : ---   **Accountant : ---**

(Principal / Admin Manager)