

Approved By



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 grante	ed leave starting from	t	0	
On account of				
I will resume work o	n	·		
Staff's Signature	:		Date of application:	
	Disapproved from			
Approved By	:			
ACAI				
SPAI INTE ACAI Edexcel	RNATIONAL DEMY IGCSE Institute LEAVE AF (To be filled in by	PPLICATION REQUEST y staff for leave of 1 day or p	more)	
SPAI INTE ACAI Edexcel	RNATIONAL DEMY IGCSE Institute LEAVE AF (To be filled in by	y staff for leave of 1 day or	more) Staff ID:	
SPAI INTE ACAI Edexcel	RNATIONAL DEMY IGCSE Institute LEAVE AF (To be filled in by	y staff for leave of 1 day or by the staff for leav	more) Staff ID:	
SPAINTE ACAI Edexcel Staff's Name: I request to be grante On account of	RNATIONAL DEMY IGCSE Institute LEAVE AF (To be filled in by	y staff for leave of 1 day or the staff for leave of 1 day or	more) Staff ID:	
SPAINTE ACAI Edexcel Staff's Name: I request to be grante On account of I will resume work o	RNATIONAL DEMY IGCSE Institute LEAVE AF (To be filled in by	y staff for leave of 1 day or the staff for leave of 1 day or	more) Staff ID:	



(Principal / Admin Manager)



DUTY JOINING FORM

Staff's Name:		Dept:	Staff ID:	
I am resuming work/re-joining duty on	Day	Date	_at	
Staff's Signature:		HOD/Supervisors Sign:		
Approved By:(Principal / Admin Manager)		Accountant :		
SPAN INTERNATIONA ACADEMY Edexcel IGCSE Institute		INING FORM	SPA	N
Staff's Name:		Dept:	Staff ID:	
I am resuming work/re-joining duty on	Day	Date		
Staff's Signature:		HOD/Superviso	rs Sign :	
Approved By:		Accountant :		