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# Teacher Leave of Absence Form

## Teacher Details

- Name: \_\_\_\_\_
- Employee ID: \_\_\_\_\_
- School/Department: \_\_\_\_\_
- Grade/Subject: \_\_\_\_\_
- Contact Number: \_\_\_\_\_
- Email Address: \_\_\_\_\_

## Leave Details

- Type of Leave:
  - ☐ Medical Leave
  - ☐ Personal Leave
  - ☐ Family Emergency
  - ☐ Professional Development
  - ☐ Other: \_\_\_\_\_
- Start Date: \_\_\_\_\_
- End Date: \_\_\_\_\_
- Total Days: \_\_\_\_\_

## Reason for Leave

(Provide a brief description or attach a detailed explanation if necessary)

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### Authorization

- Principal/Head of Department Name: \_\_\_\_\_
- Principal/Head Signature: \_\_\_\_\_
- Date: \_\_\_\_\_

### Teacher Acknowledgment

I confirm that I have provided accurate details and will comply with the school's leave policies.

- Teacher Signature: \_\_\_\_\_
- Date: \_\_\_\_\_

### School Administration Use Only

- Approved: ☐ Yes ☐ No
- Approved by: \_\_\_\_\_
- Remarks: \_\_\_\_\_
- Date: \_\_\_\_\_