
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)

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: _____