



Ramkhamhaeng Advent International School

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LEAVE REQUEST FORM

Name _____ ID Number: _____
(Last) (First) (Middle)

- Sick Leave 1st 2nd (sick leave without the medical certificate)
- Personal Leave

Specify/Reason: _____

Date of absence from: _____ to _____ Number of days: _____

Teacher's Signature: _____ Date: _____

Principal's Signature: _____ Date: _____

Remarks: _____

Approved

Not Approved

With pay Without pay

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IMPORTANT:

- Please inform the Principal's Secretary before 6:00 a.m. if you are going to be absent from work for any reason. (Phone: 08-63755107).
 - Please submit your sick leave form with a medical certificate and/or any other leave taken with appropriate documentation within three days of your return to work. (Late requests will not be entertained)
- =====

For office use only:

ABSENCE STATISTIC			
	Year	Month	Total
Sick Leave			
Personal Leave			

HR's Signature: _____ Date: _____

Administrator's Signature: _____ Date: _____