



# SHARJAH MAR THOMA SUNDAY SCHOOL

## TEACHERS LEAVE APPLICATION FORM

DATE:.....

To: The Headmaster

I wish to proceed on leave starting from \_\_\_\_\_ to \_\_\_\_\_ and request you kindly sanction the same.

Name: \_\_\_\_\_

Class: \_\_\_\_\_ Division: \_\_\_\_\_

On behalf, please do the needful for taking care of the above class during my leave period.

Signature.

Leave Contact Address& Tel. No

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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For Office Use Only

Leave approved and made alternative arrangements for the class

President/Headmaster/Asst. Headmaster