



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

For Office Use Only

Leave approved and made alternative arrangements for the class

President/Headmaster/Asst. Headmaster