

# Leave Request Form



**FREE REFORMED  
SCHOOL ASSOCIATION**

*My heart I offer to You Lord - promptly and sincerely*

Date of Application:

Full Name:

School/Department:

\_ Leave Period:

Leave Period:

Total Leave Days:

With Pay

Annual Leave

Long Service Leave

Parental Leave

Study Leave

Compassionate Leave

Special Leave

Reason: \_\_\_\_\_

OR

Without Pay

Reason: \_\_\_\_\_

Signature: \_\_\_\_\_

**APPROVED BY:**

Principal/Manager: Signed: \_\_\_\_\_ Date: \_\_\_\_\_

OR

Council Chairman: Signed: \_\_\_\_\_ Date: \_\_\_\_\_