

Leave Request Form

Institute of Science, Innovation and Culture

Date.....

Leave Request.....

Director of Institute of Science, Innovation and Culture

Full Name.....Position.....

Request for  Sick Leave Reason.....

Request for  Vacation Leave Reason.....

Request for  On Leave Reason.....

Request for  Maternity Leave Reason .....

Form Date.....to Date.....Total Number of Day(s).....Day(s).....

My Last Leave Date  Sick Leave  Vacation Leave  Maternity Leave

From Date.....To Date.....Total.....Day(s)

I can be reach during my absence at this contact number.....

Respectfully Yours

Signature .....

(.....)

**Leave Statistics on this Fiscal Year (1 October 2021 – 30 September 2022)**

Type of Leave	Leave Record		Current Leave		Total		Remaining Leave Date(s)	
	Ep.	Day	Ep.	Day	Ep.	Day	Ep.	Day
Sick Leave	Ep.	Day	Ep.	Day	Ep.	Day	Ep.	Day
Vacation Leave	Ep.	Day	Ep.	Day	Ep.	Day	Ep.	Day
On Leave	Ep.	Day	Ep.	Day	Ep.	Day	Ep.	Day
Maternity Leave	Ep.	Day	Ep.	Day	Ep.	Day	Ep.	Day

..... Examiner

(Ms. Rinlapat Rangseechaiwong)

Command

Allow  Impervious

.....

(Dr. Yaoping LIU)

Director of Institute of Science, Innovation and Culture

Date.....