

REQUISITION FORM FOR SICK LEAVE/MATERNITY LEAVE/BUSINESS LEAVE

Burapha University

Date..... Month..... Year B.E. ....

Subject :

Dear :

I /Middle name/Given name..... Position.....  
Class .....N/A..... Division/Department .....

request ( ) a sick leave  
( ) a maternity leave  
( ) a business leave

Reason of leave.....  
.....

Period of leave from.....Month.....Year B.E..... To.....Month.....Year B.E.....

For..... Days My previous leave was ( ) Sick leave ( ) Maternity leave ( ) Business leave

From.....To.....For.....Days

During the leave I can be contacted at.....  
.....Tel./Mobile .....

Sincerely yours

Signature .....

(.....)

Record of Leave in this Fiscal Year

Type of Leave	Previous Leave (days)	Requested Leave (days)	Total (days)
Sick			
Business			
Maternity			

Signature ..... Reviewer

(.....)

Position .....

Superior's Comments

.....  
 .....  
 .....

Signature .....

(.....)

Position .....

Date.../.../.....

Decision

Granted     Denied

.....  
 .....

Signature .....

(.....)

Position .....

Date.../.../.....