

APPLICATION FOR LEAVE DUE TO ILLNESS OF A FAMILY MEMBER

When completing this form, please refer to Circular 18/00. This form must be attached to the
Substitute Teacher's Salary Claim Form

In any school year, the maximum number of days overall which may be taken is 5 as per Circular 18/00

SECTION 1 – APPLICATION *(to be completed by the teacher)*

A. School Name: _____

Roll Number: (5 digits, 1 letter)

Control Group: (2 digits, 1 letter)

B. Teacher Name: _____

PPS Number: (7 digits, 2 letters)

Teacher Number: 9 9 (7 digits, 1 letter)

I wish to apply for days leave of absence due to the illness of a family member – state the inclusive dates

From: To:

State the nature of your relationship as per Section 2.1 of Circular 18/00 _____

Signed: _____ Date:

SECTION 2 – APPROVAL *(to be completed by the Chairperson of the Board of Management)*

I wish to confirm that *(state the number of days)* days leave of absence due to illness of Immediate Family Near Relative Member of Religious Community is approved: *(tick as appropriate)*

Signed: _____
Chairperson of the Board of Management

Date:

Telephone Number: _____ Email Address: _____