



Trinity School
Request for Leave of Absence (other than a course)

Name:

Period of absence: From: To: (inclusive)

Date of absence: From: To: (inclusive)

Teaching cover required: (please indicate periods and class)

Reason for absence (please specify):

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Signed: (You) Date:

Signed: (Line Manager) Date:

Signed: (Head Teacher) Date:

Please return to School Office Manager

For HR use only: Permission granted Y/N