

REQUEST FOR LEAVE-OF-ABSENCE

Staff Member's Name: _____

School/Centre: _____

Employee Code: _____

Details of Leave Requested:

Day/s & Date/s: _____

Venue: _____

Reason for leave:

DES-Approved In-Service (please specify subject) _____

Other (please specify) _____

Staff Member's Signature: _____ Date: _____

Principal/Centre Manager's Recommendation: _____

If non-DES-approved, how will teacher be substituted: _____

Signature Principal/Manager: _____ Date: _____

FOR COMPLETION IN HEAD OFFICE

Approved Refused More Info required

Reason: _____ Paid/Unpaid Leave: _____

Signed: _____ Director of Schools/ FET/ OSD

Date: _____

Applicant informed by:

Email Telephone Post

Form returned by: _____ Date: _____

Pay Admin notified: _____

Applications to be submitted by school to leaveapplications@lmetb.ie for processing.

This form is relevant for brief absence from School/Centre only. Forms in respect of other various staff leave types visit <http://louthmeath.etb.ie/about-us/circular-letters/>