



FULL TIME STALL HOLDER LEAVE OF ABSENCE FORM

Please advise us at least **two months** prior to your leave.

Name:	ID No.:	Date:
Address:		
Tel:	Mob:	
Email:		
Date/s Required: (Note: Maximum of four (4) weeks per year). <i>Only one leave application every calendar year will be considered.</i>		
From:	To:	
From:	To:	
From:	To:	
From:	To:	

Official Use Only	
Date received:	<input type="checkbox"/> Entered on Attendance Sheet
Approved by:	<input type="checkbox"/> Entered on Stall Holder Spreadsheet
	<input type="checkbox"/> Received by Accounts