



Jamiatul Ulama (KZN)

TA'LIMI BOARD

Leave Form

RP. 7

Name of Mu'allim/ah: _____

Maktab: _____

Date submitted: _____

I request leave from _____ to _____ (fill in the date)

Total number of days in words: _____

Reasons for which leave is required:

Address and phone number during leave:

Signature of Mu'allim/ah

Date

NOTE: Sick leave for more than 2 days has to be supported by a doctors letter.

For official use

Conditions of pay: _____

Remarks

Signature of Ameer