



KEYODHOO SCHOOL
V. KEYODHOO

Sick- leave detail form

To be filled by Teacher			
Date of sick leave: Day 1 _____		Day 2 _____	
Day 1: Reason for sick leave _____ _____ _____		Day 2: Reason for sick leave _____ _____ _____	
Name & address: _____ _____	The above information about me is true. If the reason for sick leave is false, I agree that disciplinary action may be taken against me.	Signature: _____	
Designation: _____			
To be filled by Supervisor			
Day 1		Day 2	
Date of sick leave:	Informed time:	Date of sick leave:	Informed time:
Supervisor name:		Designation:	
Division/ Section:	Supervisor's signature :		
Department:	Date:		
Note: 1- It is the responsibility of the supervisor to arrange relief required. 2- On the day of reporting back teachers have to fill this form, get supervisor's signature and Submit to Admin office within 4 hours of the session begins, If medical certificate is submitted, this form is not required.			
Form received admin staff:	Name:	Signature:	
	Designation:		