



## Sick leave, maternity leave, casual leave, Casual leave

ASEAN Institute for Health Development

Date.....Month.....Year.....

Entitled ASEAN Institute for Health Development  
To Director

I, (Name) .....Position.....  
Request a leave

- ☐ Sick leave (specify disease).....  
☐ Casual leave , ☐ Personal Leave  
☐ Maternity leave

Since (Date) .....Till .....for ..... days  
(Number of leave day)

I had been taken ☐ Sick leave ☐ Casual leave ☐ Personal Leave ☐ Maternity leave for the last  
time since Date.....till date.....request leave for..... days

During my leave, please contact me at address).....  
During my leave, I assigned (Mr.,Ms. Mrs.)..... to work instead

Yours sincerely,

(Signature) .....  
(.....)

(signature).....(replacement staff)  
(.....)(only casual leave)

comments from supervisor (first level)

.....  
(signature) .....  
Position.....

### Order

approved not approved ☐

.....  
(signature).....  
(position).....  
date...../...../.....

(signature).....(HR verified)  
position.....  
date...../...../.....

ประเภทลา Type of leave	ลามาแล้ว	ลาครั้ง นี้	รวมเป็น total
Sick leave			
Casual leave			
Personal Leave			
Maternity leave			