

Leave of Absence Request Form

(For a period of three or more consecutive workdays and for Special Leave)

Guidance Division Manager 印	School Principal 印	School Vice-Principal 印
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Name (Print): _____

School Name: _____

Requested Period of Leave/Absence: (Day, Month, Year)

From: _____ **to:** _____

Number of paid leave days to be used: _____

Number of remaining paid leave days (prior to making this application): _____

Number of special leave days to be used: _____

Total number of requested leave days: _____

Reason/s for leave of absence:

Itinerary (including your home address in Japan):

Destination 1: _____ **(Dates: from: _____ to: _____)**

Flight numbers: _____

Contact address and phone: _____

Destination 2: _____ **(Dates: from: _____ to: _____)**

Flight numbers: _____

Contact address and phone: _____

Destination 3: _____ **(Dates: from: _____ to: _____)**

Flight numbers: _____

Contact address and phone: _____

Emergency contact address and phone: _____

Passport Number: _____ **(Country: _____)**

Alien Registration Number: _____