



**LESOTHO**

**SCHEDULE 26**

Regulation 34 (2)

**REQUEST FOR SPECIAL LEAVE**

**To be completed by the applicant.**

Name of teacher: \_\_\_\_\_

Registration number: \_\_\_\_\_ Employment number: \_\_\_\_\_

School: \_\_\_\_\_ School registration no.: \_\_\_\_\_

Leave requested, starting date: \_\_\_\_\_ ending date: \_\_\_\_\_

Reason for special leave: \_\_\_\_\_

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Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**Teacher**

Endorsement by Principal (Recommend/Not recommended): \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**Principal**

Approved/Not approved: \_\_\_\_\_

Signed: \_\_\_\_\_ Date Stamp

Copies:       Teacher  
                  Director, TSD  
                  Secretary, School Board or Management Committee  
                  Educational Secretary or Supervisor of Government Schools