|  |  |
| --- | --- |
| **Personal Information** | |
| Name |  |
| Department |  |
| Grade |  |
| Mobile number |  |

**Leave Request Details:**

|  |  |
| --- | --- |
|  | I got Covid 19 (attach the PCR results report) |
|  | In my household we have a confirmed case of Covid 19 (attach the PCR results report) |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Start date of the leave

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Estimated date of return

**I certify that the information contained on this form is true and correct to the best of my knowledge.**

**I authorize \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to obtain and verify any necessary information regarding my request. I understand that providing false information may result in a corrective action up to, and including, suspension for an academic semester.**

**Date Name & Signature**