

	<h2>Leave Request due to Covid 19</h2>	Doc No: TIU.FA.FR.511
		Version: 01
		Issue date: 28/10/2020
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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**