



**EASTERN CAPE
DEPARTMENT OF EDUCATION**

SUMMARY LEAVE REGISTER
FOR THE MONTH ENDING ON _____

NAME OF SCHOOL							
TELEPHONE					FAX		
No.	NAME	DATES		NO. OF DAYS	NATURE OF LEAVE (sick, special, vacation)	DATE ON LEAVE FORM	DATE SUBMITTED TO DISTRICT OFFICE
		FROM	TO				
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							

Name of Principal (print)

Signature of Principal

Date

SCHOOL STAMP