

**LEAVE CONTROL REGISTER PER EDUCATOR
ABSENTEEISM RECORD
2007 - 2009 (Current three year leave cycle)**

SCHOOL:

NAME OF EDUCATOR:

PERSAL NO.

DAYS ABSENT		NO. OF DAYS	TYPE OF LEAVE	REASON	MEDIC. CERT. / PROOF SUBMITTED? (yes / no)	LEAVE FORM SUBMITTED? (yes / no)
FROM:	TO:					
EXAMPLE:						
29/01/2006	TO 30/01/2006	1	SICK LEAVE	ILLNESS	YES	YES
01/12/2005	TO 03/12/2005	3	FAMILY RESPONSIBILITY	SICK CHILD	YES	YES
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ACKNOWLEDGEMENT: Mr. M. K. Lamprecht (P E District office: DCES)