

Prince of Songkla University
Application for Annual Vacation Leave

(Address).....

.....

(Date).....

.....

Annual Vacation Leave Request

To.....

I, Mr./Mrs./Ms.....

Organisational unit belongs to : Department/ Unit.....

Faculty/ Center.....

having previous years unused vacation leave of.....days, and new annual vacation leave of.....days,
with the total combined eligible vacation leave of.....days.

request for vacation leave from (date).....

to (date).....

Number of leave days requested.....days.

(If there is a half-day leave, give details whether it is a half day in the morning or a half day in the afternoon)

During this leave, my contact address is.....

.....

Vacation Leave Days used (days)	New Vacation Leave Days Requested (days)	Cumulative Vacation Leave Days Left (days)

Signature.....Applicant : Date...../...../.....

Recommendation	Authorization : (Dean/Director/Head of department/ organizational unit head)
<input type="checkbox"/> Recommend <input type="checkbox"/> Not recommend Signature.....Recommender Date...../...../.....	<input type="checkbox"/> Approve <input type="checkbox"/> Not approve Signature..... Date...../...../.....

Appointment of a person to assume an acting position for the applicant during his/her leave (if necessary):

During the applicant's leave, let.....be acting in the capacity of the applicant.

Signature.....

Approval must be obtained prior to the applicant proceeding on vacation leave.