

LEITRIM ASSOCIATION OF PEOPLE WITH DISABILITIES CLG,
Station Road Mohill ,Co Leitrim..
PH Tel: 071-9651000
Email; gary@lapwd.com or bernie@lapwd.com

Non-Attendance sheet



ALL ABSENCE OF STAFF TO BE RECORDED & PLEASE NOTE P.A. AND LEADER MUST AGREE ON ANNUAL AND SPECIAL LEAVE.

NOTE: This form must be completed and returned to LAPWD promptly in the event of any of the following:

1. All Annual leave – At least 2 weeks' notice required
2. Sick Leave – attach Doctors Certificate (where applicable)
3. Special Leave – e.g. Funerals, Weddings Time in lieu of hours worked etc.

Name: _____
Absent From: _____ TO _____
Reason(s) for leave: _____
<u>Please make every effort to get cover for your absence yourself, where this is not possible or you are having difficulty contact the office.</u>
Give details of who is covering in your absence: _____
PA Signature _____

OFFICIAL USE ONLY	
Received on: _____	Leave granted: Yes ___ No ___
Comments: _____	
Manager Signature _____	Date _____

Revised October 2018