

## Request for leave

FULL NAME:	T INFORMATIO	314	生生 写文表 美国自己经验的 医神经病
DEPARTMENT:	Anita	walker	10000000000000000000000000000000000000
	Enhan		
ROLE:	Terd	icea Le	Crains
CAMPUS:	Saint V	S Assis	text
2. LEAVE INFO	Saint Kentigern	College	
LEAVE TYPE			医测量性神经管理 医多种原理 医神经神经神经神经神经神经神经神经神经神经神经神经神经神经神经神经神经神经神经
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AUTHORISAT	ION	Sales and the sales are	This can only be approved by a member of SLT
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(Signature o	f Applican <del>t)</del>		28/11/25 Dated
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	r with delegated author	ity to approve)	Dated
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NEXT STEP	oproved your leave no	200 000111	
on-Teaching Staff nce your manager has a perations Manager for p	oproved your leave, ple rocessing.	ase email the form to	Payroll@Saintkentigern.com and the Campus
on-Teaching Staff nce your manager has a perations Manager for p	opproved your leave, ple rocessing.	ase email the form to	Payroll@Saintkentigern.com and the Campus Payroll@Saintkentigern.com and the Teacher in charge