



## **Early Leave Pass (Teachers)**

Date: \_\_\_\_\_

Timing: \_\_\_\_\_

Name: \_\_\_\_\_

Designation: \_\_\_\_\_

**REASON:**

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Cell #: \_\_\_\_\_

\_\_\_\_\_  
Principal / Director Signature

Teacher Sign \_\_\_\_\_



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**REASON:**

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Cell #: \_\_\_\_\_

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