

PUBLIC SERVICE OF NAMIBIA

APPLICATION FOR LEAVE

MUST BE SUBMITTED IN DUPLICATE

Surname: (BLOCK LETTERS)	ID Number:
Names:	Salary ref no:
Rank:	Office or Division:

Kind of leave:	Period		Total no. of days
	From:	To:	
Vacation			
Sick			
Study			
Trimester			
Special sick			

Kind of leave	Period		Total no of days:
	From:	To:	
Maternity			
Special			
Compassionate			
Special study			

Request for payment during annual leave
<p>It is hearby requested, in terms of Section 39 (3) of the labour act 1992 (Act 6 of 1992) that my salary for my annual leave-</p> <p style="margin-left: 40px;">(a) be paid to me in advance</p> <p style="margin-left: 40px;">(b) br paid to me as usual on the normal day</p> <p>Delete (a) or (b)</p>

ADDRESS DURING LEAVE

<div style="border-top: 1px dashed black; margin-bottom: 5px;"></div> Signature of Applicant (when obtainable)	<div style="border-top: 1px dashed black; margin-bottom: 5px;"></div> Place	<div style="border-top: 1px dashed black; margin-bottom: 5px;"></div> Date
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Forward And Recommend	
Signature	
Rank	
Date	

Remarks(e.g. substitute arrangements)

Leave Noted as follows (for use by personnel office only)		
Days with full pay Days with half pay Days without pay	Vacation/Compassionate leave/ Study Leave on days. Last period of leave noted	Sick leave credit as on days with full pay days with half pay
<div> <div>Leave Noted By</div> <div>Date:</div> </div>		

<div>Leave Approved</div> <div> <div>Signature:</div> <div>Rank:</div> <div>Date:</div> </div>		
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