



APPLICATION FOR LEAVE

NUMBER

A. TO BE FILLED IN BY APPLICANT (TICK APPROPRIATE BOXES)

SURNAME (USE BLOCK LETTERS)		GIVEN NAMES	
DESIGNATION	DEPARTMENT	DIVISION/BRANCH	
PERIOD OF ABSENCE FROM.....AM ON...../...../..... TO.....AM ON...../...../..... PM PM			
REASON FOR ABSENCE		MEDICAL CERTIFICATE ATTACHED YES <input type="checkbox"/> NO <input type="checkbox"/>	
TYPE OF LEAVE REQUIRED <input type="checkbox"/> SICK LEAVE <input type="checkbox"/> REPRESENTATIONAL LEAVE <input type="checkbox"/> OTHER (SPECIFY) <input type="checkbox"/> COMPASSIONATE LEAVE <input type="checkbox"/> LEAVE WITHOUT PAY 			
SIGNATURE OF OFFICER	/...../..... DATE	ENSURE THAT ALL INFORMATION IS CORRECTLY FILLED IN AND SIGNED

B. FOR DIVISION OR BRANCH USE ONLY

NOTIFIED INABILITY TO REPORT FOR DUTY AT AM PM.....	RECOMMENDED YES <input type="checkbox"/> NO <input type="checkbox"/>	RELIEF ARRANGEMENTS
SIGNATURE OF DIVISION/BRANCH HEAD	DESIGNATION	DATE

C. FOR STAFF SECTION ONLY

DETAILS OF LEAVE TAKEN						
<input type="checkbox"/> SICK LEAVE WITHOUT PAY <input type="checkbox"/> COMPASSIONATE <input type="checkbox"/> DEDUCTION FROM REC. LEAVE <input type="checkbox"/> OTHERS (SPECIFY)	PAYMENT	WEEKS	DAYS	HOURS	MINUTES	AUTHORITY
	FULL PAY					
	HALF PAY					
	WITHOUT PAY					
TOTAL						
HIGHER DUTIES ALLOWANCE	PAYABLE <input type="checkbox"/> NOT PAYABLE <input type="checkbox"/>					
REMARKS DEPARTMENT DELEGATE					
 DESIGNATION					
 SIGNATURE		 DATE		