

Province of Prince Edward Island
Civil Service
Leave Application Form

Employee Number

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|----------|--|--|--|--|--|--|
| A | Surname | Given Name | Initial | Department | Division | Section |
| | <input style="width: 95%; height: 20px;" type="text"/> | <input style="width: 95%; height: 20px;" type="text"/> | <input style="width: 95%; height: 20px;" type="text"/> | <input style="width: 95%; height: 20px;" type="text"/> | <input style="width: 95%; height: 20px;" type="text"/> | <input style="width: 95%; height: 20px;" type="text"/> |

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|----------|------------|---------------------------------------|----------------------------------|--|---|--|
| B | Leave Type | Vacation VAC <input type="checkbox"/> | Sick SK <input type="checkbox"/> | Request for Advance of Sick Leave ASK <input type="checkbox"/> | Special Leave with Pay SLP <input type="checkbox"/> | Special Leave Without Pay LWO <input type="checkbox"/> |
|----------|------------|---------------------------------------|----------------------------------|--|---|--|

| C | From Hr / D / M / Y | To Hr / D / M / Y | Type of Requested Leave | Code | Article of Agreement | Number of Days | Number of Hours | Ent | Declined | Hours Accumulated | Hours Previously Used | Hours Remaining |
|----------|--|--|--|--|--|--|--|--|--|--|--|--|
| | <input style="width: 95%; height: 20px;" type="text"/> | <input style="width: 95%; height: 20px;" type="text"/> | <input style="width: 95%; height: 20px;" type="text"/> | <input style="width: 95%; height: 20px;" type="text"/> | <input style="width: 95%; height: 20px;" type="text"/> | <input style="width: 95%; height: 20px;" type="text"/> | <input style="width: 95%; height: 20px;" type="text"/> | <input style="width: 95%; height: 20px;" type="text"/> | <input style="width: 95%; height: 20px;" type="text"/> | <input style="width: 95%; height: 20px;" type="text"/> | <input style="width: 95%; height: 20px;" type="text"/> | <input style="width: 95%; height: 20px;" type="text"/> |
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| D | Reasons For Leave (Not Required For Vacation Leave) |
| | <p>I Request Leave as Stated Below: Date: <input style="width: 100px;" type="text"/> Employee's Signature: _____</p> <div style="border: 1px solid black; height: 150px; width: 100%; margin-top: 10px;"></div> |

| | | | | |
|----------|---|--------------------------------------|-------------------------------------|---|
| E | To be Completed by | Date of First Examination (dd/mm/yy) | Date of Last Examination (dd/mm/yy) | Approximate Date of Return to Duty (dd/mm/yy) |
| | Examining Physician _____ | _____ | _____ | _____ |
| | <p>I, the undersigned, a duly qualified medical practitioner, hereby certify that I have been in attendance upon <input type="checkbox"/> or have satisfactory knowledge of <input type="checkbox"/> the above named person during the illness described above and that he/she was unable to perform his/her duties during the period.</p> <p>Date of Certification: _____ Physician's Signature: _____ M.D. Address: _____</p> | | | |

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| F | Departmental Approval | | | | | | | | |
| | <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;">_____</td> <td style="width: 50%; border: none;">_____</td> </tr> <tr> <td style="border: none;">Date</td> <td style="border: none;">Supervisor</td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: none;">_____</td> </tr> <tr> <td style="border: none;">Date</td> <td style="border: none;">Employing Authority</td> </tr> </table> | _____ | _____ | Date | Supervisor | _____ | _____ | Date | Employing Authority |
| _____ | _____ | | | | | | | | |
| Date | Supervisor | | | | | | | | |
| _____ | _____ | | | | | | | | |
| Date | Employing Authority | | | | | | | | |