

ANNEX 1: APPLICATION FOR LEAVE

Name: _____

Ministry: _____

Position/Level: _____

Division: _____

Salary: _____

I hereby apply for day(s) / Maternity / Casual / Paternity / Study Leave / Day Off / Special Leave with pay / Special Leave without pay

From to

Address whilst on Leave

Reason(s) for leave:

.....

.....

Phone: _____

Signature: _____

Email address: _____

Date: _____

For Official Use

Current Leave Balances as of (excluding this application)

Annual:

Days Off:

Maternity:

Special Leave with pay:

Casual:

Special Leave without pay:

Paternity:

Recorded by: Date:

Recommended by:

Date:

Head of Division

Approved by:

Date:

Chief Executive Officer

For Senior Officers where Ministerial approval is required

Recommended by:

Date:

Designation:

Approved by:

Date:

Hon. Minister