

## APPLICATION FOR LEAVE

Name: .....

Ministry: .....

Date of Birth (D/M/Y): .....

Division/ Name of School: .....

Position: .....

Level/Band: .....

Salary: ..... p.a

I hereby apply for ..... day(s) Casual / Annual / Maternity/ Paternity/ Study Leave With Pay/  
Study Leave Without Pay/ Day(s) Off In Lieu Of Overtime/ Sporting Tour Leave/  
Special Leave Without Pay/ Government Board Leave/Short Term Training

from ..... to .....

**Address whilst on Leave (Compulsory)**

**Reason(s) for leave:**

.....

.....

.....

.....

.....

.....

Phone No: .....

Signature: .....

Email address: .....

Date: .....

**For Official Use (COMPULSORY for Head of Section to fill in)**

**Current Leave Balances as of (date)..... (EXCLUDING this application)**

Annual: .....

Special Leave without pay: .....

Maternity: .....

Sick Leave (In Patient): .....

Casual: .....

Sick Leave (Out Patient): .....

Paternity: .....

Other (Eg. Sporting Leave):

Days Off: .....

Recorded by:..... Date: .....

Supported/ Not supported by:.....

Date: .....

**(Head of Section/Principal/District Officer)**

Recommended/ Not recommended by:.....

Date: .....

**Head of Division**

Approved/ Not Approved by:.....

Date: .....

**Chief Executive Officer**

**For Senior Officers where Ministerial approval is required**

Approved by: .....

Date: .....

**Hon. Minister**