

APPLICATION FOR LEAVE

Name :..... Ministry :.....
 Position/Level..... Division:.....
 Salary:.....p.a.

I hereby apply forday(s) Annual / Maternity / Casual / Paternity / Study Leave / Day
 off/deferred overtime leave/deferred Christmas /Special Leave with
 pay / Special Leave without pay
 from..... to

Address whilst on Leave

Reason(s) for Leave:

.....
.....
.....
Phone No.:.....
Email Address:.....

Signature.....
 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 Unit/Section

Approved 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 of Health

