

APPLICATION FOR LEAVE

INSTRUCTIONS Please complete items 1-8

1. Name: (Print or type - Last, First, M.I.)				2. Employee Social Security Number	
3. Organizational Unit	4-A Month	Day	Hour	A.M.	4-C Total Number of Hours
	FROM:			P.M.	
5. I hereby request <i>(If more than one box is checked, explain in item 6, Remarks):</i>	4-B Month	Day	Hour	A.M.	
	TO:			P.M.	
<input type="checkbox"/> Annual Leave. <input type="checkbox"/> Sick Leave <input type="checkbox"/> Leave Without Pay. <input type="checkbox"/> Administrative Leave. <input type="checkbox"/> Maternity Leave. <input type="checkbox"/> Other. (Specify) _____					
6. Remarks					
7. Employee-s Signature				8. Date (Month, Day, Year)	

OFFICIAL ACTION ON APPLICATION

<input type="checkbox"/> Approved	<input type="checkbox"/> Disapproved <i>(If disapproved, give reason If annual leave, initiate actio. to reschedule.,)</i>	Signature	Date (Month, Day, Year)
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Any and all leave must be requested in advance using this form. For sick leave requested lasting over three working days, attach a doctor's certificate to this application and submit for approval. Supervisors may also require a doctor's certificate if use of sick leave is chronic and excessive. All employees are encouraged to read the Public Service System Rules and Regulations and in particular the regulations regarding leave.

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