



DEPARTMENT OF PERSONNEL MANAGEMENT

APPLICATION FOR LEAVE

NUMBER

A. TO BE FILLED IN BY APPLICANT (TICK APPROPRIATE BOXES)

SURNAME (USE BLOCK LETTERS)			GIVEN NAMES		
DESIGNATION	DEPARTMENT			DIVISION/BRANCH	
PERIOD OF ABSENCE					
FROM.....AM		ON...../...../.....		TO.....AM ON...../...../.....	
				PM	
REASON FOR ABSENCE			MEDICAL CERTIFICATE ATTACHED		
			YES <input type="checkbox"/> NO <input type="checkbox"/>		
TYPE OF LEAVE REQUIRED					
<input type="checkbox"/> SICK LEAVE		<input type="checkbox"/> REPRESENTATIONAL LEAVE		<input type="checkbox"/> OTHER (SPECIFY)	
<input type="checkbox"/> COMPASSIONATE LEAVE		<input type="checkbox"/> LEAVE WITHOUT PAY		
SIGNATURE OF OFFICER		/...../..... DATE		ENSURE THAT ALL INFORMATION IS CORRECTLY FILLED IN AND SIGNED

B. FOR DIVISION OR BRANCH USE ONLY

NOTIFIED INABILITY TO REPORT FOR DUTY AT AM PM.....	RECOMMENDED YES <input type="checkbox"/> NO <input type="checkbox"/>	RELIEF ARRANGEMENTS
SIGNATURE OF DIVISION/BRANCH HEAD	DESIGNATION	DATE

C. FOR STAFF SECTION ONLY

DETAILS OF LEAVE TAKEN							
<input type="checkbox"/> SICK LEAVE WITHOUT PAY <input type="checkbox"/> COMPASSIONATE <input type="checkbox"/> DEDUCTION FROM REC. LEAVE <input type="checkbox"/> OTHERS (SPECIFY)	PAYMENT	WEEKS	DAYS	HOURS	MINUTES	AUTHORITY	
	FULL PAY						
	HALF PAY						
	WITHOUT PAY						
	TOTAL						
HIGHER DUTIES ALLOWANCE	PAYABLE <input type="checkbox"/> NOT PAYABLE <input type="checkbox"/>						
REMARKS		 DEPARTMENT DELEGATE				
		 DESIGNATION				
		 SIGNATURE		 DATE	