

MINISTRY OF EDUCATION, HERITAGE & ARTS

LEAVE APPLICATION FORM

Please complete this form and submit to your Division Heads/Mgrs., as early as possible prior to your leave date, especially if you plan to travel overseas. It is your responsibility to ensure that you have annual leave to your credit before applying. If you do not have annual leave to your credit, leave taken without prior approval will be treated as leave without pay and may result in disciplinary action. Retrospective approval will not be granted.

1.0 Employee Det	tails									
Officer Name				TPF	: No					
School/Unit				District						
Position				Div	ision					
Email					one No.					
2.0 Type of Leave (for overseas leave, please fill part C)										
Leave Type		Sick Leave Type	Study Leave	Berea	Bereavement Leave		Leave Without Pay			
Local		With S/Sheet	With pay	Maternity Leave			Local			
Overseas	5	Without s/Sheet	Without	Paternity Leave			Overseas			
Time Off			pay	Family Care Leave		ave				
				Natio	National Sporting Leave					
Leave Dates:			Resumption Da	to:			No. of Days:			
			Thesamption Da	ic.			140. Of Days.			
Reason for Leave	:									
Destination if over	erseas:									
3.0 Declaration	•					·				
Are You Bonded		Are you a guaranto		Are you indebted to Government (salary						
Yes		Yes		advance, accountable advance etc?)						
No		No		Yes						
				No						
Specify:		Specify:		Specify:						
Officer's Signature:				Date:						
4.0 Supervisors Comment										
			ork coverage (ple	ease sp	ecify):					
Yes										
No										
Name:		•	Designation:							
Signature:			Date:							
5.0 Directors/Division Head Comments (for overseas leave ONLY)										
Signature						Date:				



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OFFICE USE ONLY

7.0 Clearance Process (verify officers Declaration)										
LEARNING & DE	PERFORMANCE & DISCIPLINE					SALARIES				
Officer bonded:			Officer has pending discipline					Officer owes money		
Yes No			Yes No					Yes No		
Specify:			Specify:					Specify:		
TELS								Accountable Advance \$		
PSC								Debt \$		
Other								OPR\$		
Name:			Name:					Name:		
Date:			Date:					Date:		
6.0 Leave Section										
Type of Leave	Entit	lement	Taken	Availa	ble	Da	Days applied for		New Balance	
Recommendation	(Cease Salar	Effective Date:				tive D			
Processing Officer			Designation				Date			
7.0 Salaries (LWOP/	Overs	eas Leave)	·							
Cessation Date			Pay Schedule							
Officer					Designation					Date