MINISTRY OF EDUCATION

LEAVE APPLICATION FORM

Please complete this form and submit to your Division Heads/Managers, 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 Details	3											
Officer Name						TPF No.						
School/Unit						District						
Position						Division						
Email						Phone No.						
2.0 Type of Leave (for overseas leave, please fill part C)												
Leave Type	Sick Leave			Гуре	Bereavement Leave			Leave Without Pay				
Local		With S/She	et		Maternity Lea			Local				
Overseas		Witho s/Shee			Personal Leave			Overseas				
					National Sporting Leave Time Off Annual Leave							
Leave Start Date:	Leav			ve End Date	2 :	Resumption	Date:		No. of Days:			
Reason for Leave:												
Destination if overseas:												
3.0 Declaration												
Are You Bonded Yes No				Are you a Yes No	guarantor of a	bond		Are you indebted to Government (salary advance, accountable advance etc? Yes				
Specify:				Specify:				Specify:				
Officer's Signature:				Date:								
4.0 Supervisors Com	ment											
Recommended			Arra	ngements	on work covera	age (please sp	ecify):					
Yes		-					7,					
No		5										
Name:				Designation:								
Signature:			Date:									
5.0 Directors/Division Head Comments (for overseas leave ONLY)												
Signature				Date:								



OFFICE USE ONLY

7.0 Clearance Process (verify officer's Declaration)											
LEARNING & DE	PE	RFORMA	ANCE 8	& DIS	CIPLINE	SALARIES					
Officer bonded:	Officer h	Officer has pending discipline					Officer owes money				
Yes No				Yes No					Yes No		
Specify: TELS PSC Other	Specify:					Specify: Accountable Advance \$ Debt \$ OPR \$					
Name:			Name:	Name:					Name:		
Date:			Date:	Date:					Date:		
6.0 Leave Section								•			
Type of Leave	Entitlement		Taken	Availab	ole	Days applied for		New Balance			
Recommendation	(Cease Salar	У	Effective Date:							
Processing Officer:			Designation:					Date:			
7.0 Salaries (LWOP/0	Overse	as Leave)									
Cessation Date:				Pay Schedule:							
Officer:					Desig	natio	n:		Date:		