

Leave Application Form

Employee#:

Job#:

Surname:

Other Name(s)

Department:

Type of Leave Applied For:

 Recreation Leave ☐ Sick Leave ☐ Furlough ☐ Compassionate Leave ☐ Study Leave ☐ Maternity Leave ☐ LWOP ☐
Other ☐ Specify _____
 Leave Start Date

 Leave End Date

 No of Days Leave

 Resumption Date

 Medical Certificate? Yes ☐ No ☐ Advance Pay? Yes ☐ No ☐ Supporting Docs? Yes ☐ No ☐

Leave To be Spent in (District/Province)

Leave Address for Mail

Do You Require a Leave Fare? Yes ☐ No ☐ (Recreation and Furlough Leave Only)

If you are Eligible for Travel Warrants, List

Full Name	Date of Birth	Full Name	Date of Birth
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Leave Travel Details

From	To	Mode of Travel	Name of Company
Departure			
Returning			
Is Travelling Time Required Yes <input type="checkbox"/> No <input type="checkbox"/>		If Yes, Please Give Details (Attach Report if Insufficient Space)	
I declare that the statements made in this application are correct and that my home district/Province and my spouse's home District/Province for leave purposes is Signature of Applicant _____ Designation _____ Date _____			

Recommendation by Branch/Section Head

<input type="checkbox"/> Recommended <input type="checkbox"/> Not Recommended (If not recommended attach report)	Relief Arrangements..... Signature & Designation _____ Date _____
Approval by Division Head <input type="checkbox"/> Approved <input type="checkbox"/> Not approved Remarks: Signature _____ Date _____	Department Delegate/Authorised Officer Eligible for Travel Warrant Yes <input type="checkbox"/> No <input type="checkbox"/> Signature..... Designation..... Date.....

Office Use Only

Date Entered _____	Leave Balance: _____
Date Confirmed: _____	Entered By: _____