



JIS EXECUTIVE AGENCY
LEAVE APPLICATION FORM

NAME OF APPLICANT: _____ Department: _____

TITLE OF POST: _____ DATE: _____

1. **EMPLOYEE:** I hereby apply for _____ days, from _____ to _____

Vacation Leave Maternity Leave Sick Leave Special Leave No Pay

Departmental Leave Time Back [For date worked: _____]

If applicant wishes to stay abroad or receive an advance in salary, please indicate by requesting permission to do so below. A forwarding address while abroad must be given.

Address while abroad _____

Telephone number _____ Comments or special requests (if any) _____

Medical Certificate Attached Yes No N/A Signature of Employee _____

2. **RECOMMENDATIONS:** Recommended Not Recommended

Comments _____

SUPERVISOR'S NAME

SUPERVISOR'S SIGNATURE

DATE

HEAD OF DEPARTMENT'S NAME

HEAD OF DEPARTMENT'S SIGNATURE

DATE

3. TO BE COMPLETED BY THE HUMAN RESOURCE DEPARTMENT

		Entitlement	* B/F	Total	Already Taken	# of days Applied for	Balance
Days	Vacation						
	Sick	10	N/A				
	Departmental	5	N/A				

* Brought forward from previous year

Eligible Not Eligible

H.R. Officer _____

Date _____

4. **APPROVAL:** Approved Not Approved

Comments: _____

DIRECTOR, HUMAN RESOURCES

DATE