

APPLICATION FOR LEAVE FORM

Name: _____ VNPF No: _____

Post title: _____

Post No: _____ Grade: _____

Department: _____ Ministry: _____

ENTRY DATE OF SERVICE: _____

TYPE OF LEAVE TO BE TAKEN: _____

DESTINATION OF LEAVE TO BE TAKEN: _____

FIRST DATE OF LEAVE: _____ LAST DATE OF LEAVE: _____

TOTAL NUMBER OF WORKING DAYS LEAVE: _____

ADVANCE LEAVE SALARY REQUIRED: YES NO Date required: _____
(Please circle the appropriate answer and submit at least three weeks in advance)

Signature of Staff Member: _____ Date: _____

LEAVE APPLIED FOR IS SUPPORTED: YES/NO *(please circle the appropriate answer)*

Signature of Supervisor: _____ Date: _____

COMMENTS: _____

DIRECTOR GENERAL/DIRECTOR OR SECRETARY, OPSC APPROVAL:

LEAVE APPROVED: YES/NO *(please circle the appropriate answer)* Date: _____

COMMENTS: _____

Name: _____ Signature: _____

(For annual vacation, standard sick leave, maternity, family, compassionate, international/provincial sporting, cultural and religious events only. A medical certificate is to be attached where the period of sick leave is more than 2 days and the staff member lives within the boundaries of Port Vila or Luganville or more than 4 days for all other areas)

PUBLIC SERVICE COMMISSION APPROVAL: (For sabbatical, secondment, leave without pay and non-standard sick leave only)

APPROVED/NOT APPROVED *(please circle decision)* PSC Meeting held on: _____

SECRETARY, OPSC - Name: _____ Signature: _____

HRO USE ONLY

Date entered into HRMIS: _____