



STAFF LEAVE APPLICATION & ABSENCE REPORT

All leave as well as Time-off for accumulated overtime and other absence should be applied/reported on this form and sent to the section head. It is your responsibility to ensure that you have leave to your credit before applying. If you do not have leave to your credit, leave taken without prior approval will be treated as leave without pay. Retrospective approval will not be granted.

Name:	Employment No:
Date of Appointment:	Position:
Department:	Station:
Address (while on leave):	Phone:

LEAVE TYPE *(Tick one only)*

- | | | |
|---|--------------------------------------|--|
| <input type="checkbox"/> Annual Leave | <input type="checkbox"/> Study | <input type="checkbox"/> Maternity |
| <input type="checkbox"/> Sick Leave (Medical Certificate) | <input type="checkbox"/> Examination | <input type="checkbox"/> Long Service |
| <input type="checkbox"/> Time Off | <input type="checkbox"/> Bereavement | <input type="checkbox"/> Leave Without Pay |

Give full details and attach evidence to support application:

PERIOD OF ABSENCE

From (Date):	To (Date):	
Total duration of Leave in Days/Hours/Minutes during period of absence:		
Date Resume:	Relieving Officer:	
Leave Available:	Leave Days Applied:	Leave Balance:

Applicants Signature:	Date:
Approved By Department Head:	Date:
Actioned By Pay Officer:	Date:
Pay Reactivation:	Date:

TO BE COMPLETED BY HR OFFICER

- Inform the application of the decision Approved Not Approved

Reasons for amended/ disallowed of Leave:

Balance leave (include pro rata) as at _____ after leave taken will be _____ days to resume duty on _____

HR Officer:	Signature/Date:
-------------	-----------------