

**APPLICATION FOR LEAVE FORM**

Name: \_\_\_\_\_ Payroll No: \_\_\_\_\_

Post title: \_\_\_\_\_

Post number: \_\_\_\_\_ Salary level: \_\_\_\_\_

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)*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**DIRECTOR GENERAL/DIRECTOR OR SECRETARY, OPSC APPROVAL:**

LEAVE APPROVED: YES NO Date: \_\_\_\_\_

*(please circle the appropriate answer)*

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

*(For annual vacation, home island, 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 2 days or more and the staff member lives within the boundaries of Port Vila or Luganville or 4 days or more 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: \_\_\_\_\_

Staff Member, Department and Salaries Unit informed on: \_\_\_\_\_