

MATERNITY LEAVE APPLICATION FORM

- * This Form is to be **used only by teachers.**
Original Medical Certificate must accompany this application.
- * The Education Department's Salary Section must receive application at least **(3) Months** before Leave commences.
- * Please **print** clearly.

SECTION 1:

Name of Officer: _____ Class/
subject/Dept. _____
Employment Status: Permanent [] Probation [] Local Contract [] Temporary []
School / College: _____ Province / Location: _____

Leave requested From / ____ / ____ / ____ / to / ____ / ____ / ____ /
Signed: _____ Date: / ____ / ____ / ____ /
(Teacher)

Approved by Headteacher / Principal:

Name : _____ Signed : _____
Date: / ____ / ____ / ____ /

SECTION 2:

Checked by Provincial Edu. Officer / Church Edu. Director:

Comments:

Name: _____ Signature; + Official stamp: _____

Date: / ____ / ____ / ____ /

Administration Only :

Submitting Division :

Rec'd _____ Name _____

Signature + Official stamp: _____ Payroll No. _____
Date: / ____ / ____ / ____ /

OMC [Y] [N]

Leave = _____ Days (not to exceed 84 days)

Less () WE

Less () Hol

Total _____ Rlf Days

Posted []

Prepared _____ Date : _____
/ ____ / ____ / ____ /

Approved _____ Date : _____
/ ____ / ____ / ____ /

Confirmed []

ML []