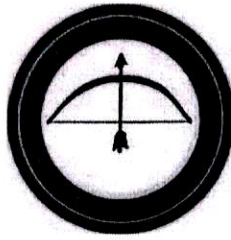


APPENDIX H/I
(Made under Standing Order H.4)



APPLICATION FOR LEAVE

Vote Code						Sub -Vote					
Check Number						Personal File Number (or TSD, Force No)					

SECTION A: LEAVE REQUEST (To be completed by employee)

A1) Personal Details

- i. Full Name:
- ii. Designation:
- iii. Station:
- iv. Division/Department:
- v. Date of Appointment:/...../20.....

A2) Contact Details Whilst on Leave

- vi. Phone:
- vii. Email Address:
- viii. Contact Address:

A3) Leave Request

ix. Start Date of Leave/...../.....	x. Last Date of Leave/...../.....
xi. Total Number of Working Days Requested Days		

Signature: Date:/...../20.....

SECTION B: LEAVE REVIEW (To be completed by Head of Department/Section/Unit)

B1) Review of Leave Records

i. Dates of last leave taken:/...../..... To...../...../.....
ii. Number of days taken: Days
iii. Leave outstanding in the current leave period: Days
iv. Leave outstanding in the previous period: Days

B1) Recommendation for Leave (Tick box as applicable)

- I recommend the above leave as requested.
- I recommend the above leave with the following changes.....
- I do not recommend the above leave be granted for the following reasons.....

Name: Signature:

Designation: Date:/...../20.....

SECTION C: APPROVAL DECISION (To be completed by the authorizing officer):

- i. I approve / deny the above leave request. ii. If denied give reasons below
-
-
-
- iii. Name: iv. Signature:
-
- v. Designation: vi. Date:
-/...../20.....