



PSC FORM 2

Application for Leave Form

Form must be filled out by Employee, Divisional Head/
Manager and HRC

Section 1:

(To be filled out by Employee)

Name:	Designation:	Ministry	Division/Section:
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Section 2: Employment Benefit(s):

(To be filled out by Employee)

Type of Leave (Tick appropriate box)	<input type="checkbox"/> Annual Leave	<input checked="" type="checkbox"/> Maternity Leave	<input type="checkbox"/> Special Leave	<input type="checkbox"/> Study Leave	<input type="checkbox"/> Long Service Leave
	<input type="checkbox"/> Sick Leave	<input type="checkbox"/> Paternity Leave	<input type="checkbox"/> Special LWOP	<input type="checkbox"/> Bereavement Leave	
<i>To be Taken:</i> <input type="checkbox"/> Local <input type="checkbox"/> Overseas		Duration:		No. of Working Days to take as :	
		Start Date:			
		End Date:			
Purpose of Leave:					
Signature:					Date:

(Please attach supporting information for requested leave to be taken (if required))

Section 3:

Comments:		
<input type="checkbox"/> Endorsed <input type="checkbox"/> Not Endorsed	Signature:	Date:

Section 4: Employee Leave Entitlement for Leave to be taken

(To be filled out by Leave Records Clerk and by HRC)

Type of Leave :	Number of Leave Entitlement (in days)	
<i>Checked by: Leave Records Clerk</i> <input type="checkbox"/>	Further Comments	Signature:
Confirmed: HRC <input type="checkbox"/>	Further Comments	Signature:

Section 5: Approval of the CEO (or Delegate)

Comments:		
<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved	Signature:	Date: