## FORM P9: APPLICATION FOR LEAVE

(GAO 9.1.1)

|  |  |
| --- | --- |
| **Name of officer** |  |
| **Ministry | Department** |  |
| **Position and Level** |  |
| **Type of leave (please circle)** | Annual | Day Off | Sick/Carer | Community Day | Other (Maternity/Paternity/Adoption) | Leave without pay |
| **Leave:** | **From:** | **To:** |
| **Leave Years:** | **Years: Total Number of days:** |
| **Leave Entitlement:** |  |
| **Home Island:** |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Leave Type** | Leave balance | Date Leave station | Date of return to duty | Travel days approved | New LeaveBalance | Leave overstayed |
| **Annual** **Day Off** |  |  |  |  |  |  |
| **\*Sick / Carer** |  |  |  |  |  |  |
| **Other (Medical/Legal certificate required)** |  |  |  |  |  |  |
| **Leave without pay** |  |  |  |  |  |  |

\*Medical Certificate sighted if applicable: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Authorising Officer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_

**Forward to Human Resource Management for processing:**

HRM Officer Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_