

**Appendix 4**

**Donation of Vacation Leave/Time-off-in-lieu Form**

Ministry \_\_\_\_\_ Department \_\_\_\_\_

Directorate \_\_\_\_\_ Section/Unit \_\_\_\_\_

**Employee Details:**

Name \_\_\_\_\_ Surname \_\_\_\_\_

ID No. \_\_\_\_\_

Grade/Position \_\_\_\_\_ Salary Scale \_\_\_\_\_

Hours of Vacation Leave donated \_\_\_\_\_

Hours of Time-off-in-lieu donated \_\_\_\_\_

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

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

**For Official Use**

**Verification by the respective Director Corporate Services/Head of Entity**

Signature \_\_\_\_\_

Date \_\_\_\_\_

**Official Stamp**

*The information supplied in this application form shall be used exclusively by the employing Ministry and the PSW Directorate for record keeping and verification purposes. Personal information provided on this application form is protected, and used in accordance with the provisions of the Data Protection Act.*