

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.