

APPLICATION FOR VACATION LEAVE
(WATCHMEN ONLY)

Date _____

Name _____

ID No. _____ NI Number: _____

School/Section _____

School/Section Tel. No. _____

No. of Night Shifts (14 hours) applied for _____ on _____

No of Night Shifts (18 hours) applied for _____ on _____

No. of Day Shifts (10 hours) applied for _____ on _____

Total no. of hours availed of since 1st January (including this application) _____

Signature of Applicant

Officer i/c Employee Relations,

Recommended and approved.

Details above are correct.

Head of School/Section
(signature and stamp)

Application No. _____

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Employee Relations Section - Human Resources Branch