Appendix 4.

DONATION OF VACATION LEAVE/TIME-OFF-IN-LIEU FORM

Ministry/Entity:
Department::
Directorate:
Section/Unit:

Employee Details:	
Name:	ID Card No:
Surname:	Office Tel:
Grade/Position:	
Salary Scale:	

Hours of Vacation Leave donated
Hours of Time-off-in-lieu donated
Signature of Applicant: Date:

To be filled in by the respective Director responsible for People Management/ Head of Entity

Official Stamp

Signature: Date:

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.