

**SPECIAL LEAVE
(BIRTH, MARRIAGE, BEREAVEMENT)**

NAME _____ GRADE _____

SCHOOL/SECTION _____ SCHOOL TEL. NO. _____

NI NO: _____ ID: _____

NAME OF COLLEGE _____

OCCASION:

1. Date of Marriage _____

In case of female employees, please state:

Married Surname: _____

Address after marriage: _____

2. Date of Birth of Child _____

(applicable to male employees only)

3. Date of Death of near relative _____

State relation: _____

Dates of absence: From _____ **To** _____

3 Working days in case of Marriage;

5 working days in case of Birth;

2 working days in case of Bereavement;

Note: *The special paid leave referred to above can only be availed of at a stretch and should not start later than the first working day following the occasion to which it refers in the case of marriage & bereavement.*

In the case of birth, leave is to be availed of at a stretch within 15 days.

Signature of Applicant

Officer in charge Employee Relations Section

The above details are correct.

Head of School (*signature and stamp*)

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Employee Relations - Human Resources Branch