

APPENDIX 1

Application for Paid Leave approved by Directors

Date of request: _____

(applications should be made in conformity with PSMC provisions & Directive 8)

SECTION 1: APPLICANT'S DETAILS

Surname _____

Name _____

Ministry/
Entity _____

Department/
Directorate _____

Grade/Position _____

I.D. Card No. _____

E-Mail Address _____

Office Tel. _____

SECTION 2: TYPE OF PAID LEAVE *(tick as appropriate)*

Leave to attend local council meetings

Leave to attend official twinning ceremonies

Pre-Retirement Leave:

Full-time utilisation, continuous, at a stretch

Part-Time utilisation, working half the hours over a period equivalent to double the amount of days

Period of Paid Leave being requested: From _____ To _____

Document(s) supporting request enclosed with application

Yes

No

I, the undersigned, declare that the information and documentation submitted in this application is correct.

Signature of Applicant: _____

Date: _____

For Official Use: Approved Not Approved *(if not approved please state reason)*

Signature of Director/Head of Dept _____

Date: _____

Directors should take disciplinary action when officers fail to resume duty at the expiration of unpaid/paid leave.

The information supplied in this application form shall be used exclusively by the employing Ministry and the People & Standards Division 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.

Signature of Head of School

Signature of College Principal