APPENDIX 2

Application for Unpaid 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 UNPAID LEAVE (tick as appropriate)	
Leave to New Recruits	☐ Vocational leave ☐
Leave for a special reason	☐ Missionary/Voluntary Service ☐
Leave to settle in a foreign country	Leave to try alternative employment in
Leave for fishing and agricultural purposes	the private sector (Salary scales 11 and lower)
Period of Unpaid Leave being requested: From To	
Document(s) supporting request enclosed with application Yes \square No \square	
I, the undersigned, declare that the information and documentation submitted in this application is correct.	
Signature of Applicant:	
For Official Use: Approved	
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