

## VACATION LEAVE FORM

Department/Directorate/College/School/Section/Unit

Surname \_\_\_\_\_ Name \_\_\_\_\_  
Grade \_\_\_\_\_ Tel. No. \_\_\_\_\_  
ID No. \_\_\_\_\_ NI No. \_\_\_\_\_  
Directorate \_\_\_\_\_ Section \_\_\_\_\_

1. **Whole days only:**

On \_\_\_\_\_ No. of Hours \_\_\_\_\_  
On \_\_\_\_\_ No. of Hours \_\_\_\_\_  
On \_\_\_\_\_ No. of Hours \_\_\_\_\_

2. **Shorter absences of not less than 1 hour:**  
*(up to a maximum of half of the yearly entitlement)*

On \_\_\_\_\_ No. of Hours \_\_\_\_\_  
On \_\_\_\_\_ No. of Hours \_\_\_\_\_  
On \_\_\_\_\_ No. of Hours \_\_\_\_\_

**Total number of hours since 1<sup>st</sup> January \_\_\_\_\_ including this application.**

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Date**

Approved

Not Approved

\_\_\_\_\_  
**Signature of Line Manager**

\_\_\_\_\_  
**Rubber Stamp and Date**