

MINISTRY OF EDUCATION, HUMAN RESOURCE DEVELOPMENT, YOUTH  
AFFAIRS AND SPORTS

REQUEST FOR TIME OFF WORK

Name of Officer .....

School/Office .....

Position .....

Status (Temporary/Permanent) .....

Reason for time off, please specify

.....

Period requested:

From: ..... to .....

Address (if out of state) .....

.....

Contact number ..... Email address .....

Signature of applicant ..... Date submitted .....

**FOR OFFICIAL USE ONLY**

Supervisor's recommendations .....

Recommended (Head of Division) ..... Date .....

Approved (Head of Department) ..... Date .....

Comments (with pay/no pay) .....

*To be submitted in duplicate*