

COMMONWEALTH OF DOMINICA APPLICATION FOR LEAVE

		FOR PERSONNEL SERVICES DEPARTMENT USE	
TYPE OF LEAVE	DAYS REQUESTED	ENTITLEMENT	BALANCE
Vacation	<input type="text"/>		
Sick			
1. With Pay	<input type="text"/>		
2. Half Pay	<input type="text"/>		
3. Without Pay	<input type="text"/>		
Departmental	<input type="text"/>		
Maternity			
1. With Pay	<input type="text"/>		
2. Without Pay	<input type="text"/>		
Special			
1. With Pay	<input type="text"/>		
2. Half Pay	<input type="text"/>		
3. Without Pay	<input type="text"/>		
Study			
1. With Pay	<input type="text"/>		
2. Without Pay	<input type="text"/>		
TRAVELLING TIME	<input type="text"/>		
OTHER (specify below)	<input type="text"/>		
<input type="text"/>		DATE RECORDED	

1. NAME: 2. OFFICER'S CODE No.:

3. MINISTRY/DEPARTMENT:

4. DIVISION:

5. POST:

6. ACTING: 7. PERMANENT: 8. TEMPORARY 9. CONTRACT

10. ADDRESS ON LEAVE:

11. IF ACTING, IS REPLACEMENT REQUIRED: Yes No

12. ALLOWANCE CODE:

13. DATES LEAVE REQUESTED: FROM: To:

14. SIGNATURE OF APPLICANT: _____ DATE: _____

15. RECOMMENDED: _____ DATE: _____

16. APPROVED: _____ DATE: _____