

**PUBLIC SERVICE OF NAMIBIA
APPLICATION FOR LEAVE**

Must be submitted in duplicate

Surname (block letters)	I/D no.
Full Names	Employee No.
Post Designation	Office or Division

Kind of Leave	Period		Total No. of Days
	From	To	
Vacation			
Sick			
Study			
Special Sick			

Kind of Leave	Period		Total No. of Days
	From	To	
Maternity			
Special			
Compassionate			
Special Study			

REQUEST FOR PAYMENT DURING ANNUAL LEAVE
It is hereby requested, in terms of Section 23(6) of the Labour Act 2007 (Act 11 of 2007) that my salary for my annual leave -
(a) be paid to me in advance.
(b) be paid to me as usual on the normal pay-day(s).
Delete (a) or (b)

ADDRESS DURING LEAVE

SIGNATURE OF APPLICANT (When obtainable) _____ PLACE _____ DATE _____		
FORWARD AND RECOMMENDED		REMARKS (e.g. Substitute arrangements)
SIGNATURE		
RANK		
DATE		

LEAVE NOTED AS FOLLOWS (For use by Personnel Office only)			
.....	days with full pay	Vacation/Compassionate/ Study leave	Sick leave credit on
.....	days with half pay	credit on days with full pay
.....	days without pay days Last period of leave noted days with half pay

LEAVE NOTED BY _____	DATE _____
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LEAVE APPROVED		
SIGNATURE _____	RANK _____	DATE _____

Note: After approval return a copy of this form to the Office/Division indicated above