



SOUTH EAST REGIONAL HEALTH AUTHORITY - Leave Application Form

Institution : _____

Section A: General Information (To be completed by applicant)

(See instructions overleaf)

1. Name of Applicant _____

2. Position _____

2a. Grade _____

3. Location _____

4. Section/Unit _____

5. Type of Leave

Sick Departmental Vacation

6. Effective Date of Leave

7. Number of Days:

No Pay Recreational Other Specify _____

From

____/____/____ (mm/dd/yyyy)

To

____/____/____ (mm/dd/yyyy)

8. Local Address: _____

8a. Telephone Number (Local) _____

9. Overseas

Travel: Yes No

10. Overseas Travel Address (if applicable) _____

10a Telephone Number (Overseas): _____

Date ____/____/____
mm / dd /yyyy

11. Applicant's Signature _____

Section B: Recommendation (To be completed by Supervisor and/or Head of Department)

(See instructions overleaf)

12. Leave application Recommended Yes No **If No**, accumulation beyond maximum? Yes No

If Yes, Replacement needed? Yes No

General Remarks: _____

Supervisor (Signature) _____

Head of Department (Sign.) _____

Head of Section (Signature) _____

Date: _____

Date: _____

Date _____

Section C: Leave Entitlement (To be completed by the HR Department)

(See instructions overleaf)

13a. Received by: (HR Department) Signature & Date: _____

13b: Applicant has at credit: _____ days _____ leave as of ____/____/____.
dd mm yyyy

Leave granted _____ (No. of days) Balance: _____ days (DL/SL/RL/VL)

Officer should resume duties on: ____/____/____
dd / mm / yyyy

13c. Computed by: _____ Date: _____

Section D: Approval (To be completed by the HR Department)

14. Leave Application Approved Yes No

14a. Overseas travel noted: Yes No

14b. Remarks: _____

Approving Officer's Signature _____

Date (mm/dd/yyyy) _____

Leave Procedure

Applicant

1. Contact HR Unit to confirm if number of days leave being requested are available
2. Complete, sign and date Section A of the form and submit form to supervisor
 - a. A Medical Certificate must be submitted for sick leave in excess of 3 days as well as with Maternity and Special Sick Leave Applications
 - b. Vacation leave request should be submitted at least one (1) month in advance
 - c. If additional leave is required, application should be made before the end of current leave, to allow enough time for processing.
 - d. For No pay leave application, supporting documentation must be submitted

Supervisor

3. Receive completed form
4. Ascertain leave entitlement (as at leave commencement date) from Personnel Officer
5. Tick relevant box in Section B to recommend or not recommend leave. Use the Remarks section to indicate:
 - a. If period of leave being recommended is different from that which is being applied for
 - b. Reason for not recommending leave
 - c. If replacement is needed, state name of person
6. Sign, date form and submit to Head of Section (Location) for recommendation

Head of Section

7. Reviews Form
8. Sign, date and submit form to Senior Person in charge of the category of applicant for recommendation

Registry Clerk

9. Logs receipt of application and submits to Personnel Officer

Leave/Records Officer

10. Prepares leave computation
11. Records leave information in Section C.
12. Sign, date and submit form to Personnel Officer for Approval

Personnel Officer

13. Verifies leave computation
14. Check form thoroughly for leave entitlement ,recommendation from Supervisor and relevant signatures
15. Tick relevant box in Section D to approve/disapprove leave and/or grant permission to travel overseas
 - a. If leave is not approved state the reason or period of leave being approved if different from that which is recommended
16. Sign and date form
17. Notify applicant and applicant's supervisor of approval/disapproval in writing
18. Submit form and approval letter to relevant officer for dispatch and filing

Leave/Records Officer

19. Update Leave record, attach leave application and approval letter to employee's file
20. Log and dispatch approval letter to applicant and supervisor