MONDULI DISTRICT COUNCIL STANDING ORDER FOR THE PUBLIC SERVICE

FOR APPLICATION FOR LEAVE

Vote Code					Sub-Vote					
Check Number					Personnel File					
					Number/or TSD,					
					Force No)					

	: LEAVE	REQUEST (1	O D	e complete	a by the En	ipioyee)				
A.1 Personal Details:										
(i) Full Name:										
(ii) Designation	(iii) S	Station:		(iv) Division/Department:						
(v) Date of First Appointment:	/	/								
A.2 Contact Details while on	Leave									
(vi) Phone Number:		(vii) E-mail ad	dres	s						
(viii) Contact Address:										
A.3 Leave Request			1							
(ix) Start Date of Leave/20 (x)Last day of Leave/20										
(IX) Start Bate of Leave		Last day of Leave/20								
(xi) Total Number of working Days requested Days										
A.4 My Spouse and Children	n, whose (details are gi	ve b	elow will a	ccompany r	ne:				
Name of Child	Date of Birth	1	Age	Remarks						
Applicant Signature:					Date:	/20				
Applicant Oignature.			•		<u> </u>					
SECTION B:	LEAVE R	EVIEW (To b	e cc	mpleted b	y Head of D	epartment/Section/Unit)				
B.1 Review of Leave Records	S									
(i) Dates of last leave taken:				/	/ To					
(ii) Number of days taken:	· ·									
(iii) Leave outstanding in the cu	urrent leav	e period:			days					
(i.) I		dovo								
(iv) Leave outstanding from pre	evious iea	days								
				ı						
B.2 Recommendation for Lea	ave (Tick	box as applic	able	e) (Head of	Departmen	nt/Section)				
I recommend the above le	eave as re	quested								
I recommend the above I		•	naes	s:						
I do not recommend the a		-	_							
		-		_						
Name:			Sig	gnature:						
Designation			Da	te:	//20.					
SECTION C:	APPROV	AL DECISION	ı (Ta	be compl	eted by the	Authorizing Officer):				
(i) I approve/deny the above le			-	=	-	-				
,,	-	, ,	_							
(iii) Namo:										
(iii) Name:		•	•	-						
(v) Designation:										