

**PUBLIC SERVICE OF NAMIBIA
APPLICATION FOR LEAVE**

Must be submitted in duplicate

Surname (block letters)	ID number:
Full Names:	Salary ref. No.
Rank: Force No:	Office or Division :

Kind of leave	Period		Total no of days
	from	to	
vacation			
sick			
study			
trimester			

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 39(3) of the Labour Act 1992 (Act6 of 1992) 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)

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ADDRESS DURING LEAVE

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.....
SIGNATURE OF APPLICANT	PLACE	DATE

FORWARD AND RECOMMENDED	
SIGNATURE
RANK
DATE

REMARKS (e.g. substitute arrangements)
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.....
.....

LEAVE NOTED AS FOLLOWS (for use by personnel office only)		
..... days with full pay	Vacation/urgent private matters/	Sick leave credit as on.....
..... days with half pay	Study leave on..... days with full pay
..... days without paydays days with half pay
	Last period of leave noted	
LEAVE NOTED BY		DATE

LEAVE APPROVED		
SIGNATURE	RANK	DATE

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