

- Second Schedule (Section 34)
APPLICATION FOR LEAVE

NOTES

- An amended Leave Form must be clearly marked- either "AMENDED/ CANCELLED, ORIGINAL DATES WERE TO"**
- Original to: Manager, Salary Service Bureau, P.O. Box CY 507, Causeway.
- For all sick-leave in excess of three consecutive working days (six consecutive working days in certain areas; and all sick-leave in the Uniformed Forces; excluding Prisons Service who have conditions aligned to Public Service), a certificate in the form shown overleaf is required. (Indicate clearly in the "To" column if indefinite.)
- Application for advances of salary must reach Salary Service Bureau at least six weeks prior to start of leave, unless arrangements have been made to the contrary.
- An advance of salary may be applied for: in the case of a Group II or III employee, if at least 10 days' leave is taken; (b) in the case of an officer or a Group I employee, if at least 21 days' leave is taken; if such leave is taken over a period which includes a pay day.
- Urgent Private Affairs leave- for use by Teachers and Defence Forces only.

| | | |
|--------------------------|-------------------------|------------|
| 1. Surname | 2. First names | |
| 3. Dept. & Stn. Code No. | 4. Ministry/ Department | 5. Station |

APPLICANT TO COMPLETE BELOW EMPLOYEE CODE NUMBER AND CHECK DIGIT, AND PERIOD OF LEAVE ONLY. (IF E.C. No. AND/ OR CHECK DIGIT ARE INCORRECT, FORM WILL BE REJECTED.)

| TYPE | SECTION | SUB. SECT. | EMPLOYEE CODE NUMBER | C/ D | S.S.B. USE ONLY |
|--|--|---|--|---|---|
| <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px 5px;">3</div> <div style="border: 1px solid black; padding: 2px 5px;">5</div> </div> <div style="display: flex; justify-content: space-around; font-size: 8px;"> 123456789101112131415 </div> | <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div> | <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div> | <div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div> | <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div> | <div style="display: flex; justify-content: space-between; font-size: 8px;"> 16 17 20 </div> <div style="text-align: center; font-size: 8px;"> +/- O.P. </div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div> <div style="text-align: center; font-size: 8px;"> Enter 'O' for reversal of previous entry </div> <div style="display: flex; justify-content: space-between; font-size: 8px;"> 34 50 </div> <div style="text-align: center; font-size: 8px;"> +/- DAYS </div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div> <div style="text-align: center; font-size: 8px;"> +/- DAYS </div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div> <div style="display: flex; justify-content: space-between; font-size: 8px;"> 114 115 117 </div> <div style="text-align: center; font-size: 8px;"> +/- TERMS </div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div> |
| TYPE OF LEAVE (Enter date as 6 digits: e.g., 1st JUNE 1979=010679) | | | | | |
| VACATION | FROM | | TO | | |
| | <div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div> | | <div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div> | | |
| | 22 27 | | 28 33 | | |
| SICK | <div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div> | | <div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div> | | |
| | 38 43 | | 44 49 | | |
| ANNUAL | <div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div> | | <div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div> | | |
| | 54 59 | | 60 65 | | |
| SPECIAL | <div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div> | | <div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div> | | |
| | 66 71 | | 72 77 | | |
| WITHOUT PAY | <div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div> | | <div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div> | | |
| | 78 83 | | 84 89 | | |
| URGENT PRIVATE AFFAIRS (Note 6) | <div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div> | | <div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div> | | |
| | 90 95 | | 96 101 | | |
| SCHOOL (Teacher) | <div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div> | | <div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div> | | |
| | 102 107 | | 108 113 | | |
| ADVANCE OF SALARY If required insert "Y" in box 118 | <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div> | | | | |
| | 118 | | | | |

| | |
|--|--|
| (Notes 4 & 5 Nursing staff, Ministry of Health; Prison Service and Air Force | If Yes, state number of months From the month of 20 to 20 I certify that I will be vacating Government accommodation from to (inclusive) |
| Address whilst on leave | |
| Signature of applicant | <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> Recommended Date </div> <div style="width: 45%;"> Approved Date </div> </div> |

FIRST SCHEDULE (Sections 19 and 23)
CERTIFICATE FOR SICK-LEAVE

PART I

I certify that has been under my medical/ dental
(name of applicant)

treatment for a period from.....to.....
(actual dates)

and that his/ her illness prevented him/ her attending to his/ her duties during the period
to..... and was not occasioned by misconduct or failure to take reasonable precautions;
(actual dates)

and I consider him/her to be unfit to discharge his/her duties and that it is necessary and indispensable for the recovery
of his/ her health and that he/ she should have leave until for the purpose of
(state date)

.....

.....
Signature of Registered Medical Practitioner
or Dental

Practitioner

.....
Name in block letters of Registered Medical
Practitioners
or Dental Practitioner

Date Qualifications

Not e.—Sick- leave in excess of 90 days in the case of an officer or employee can be granted only on the
recommendation
of a medical board.

PART II
NOTIFICATION OF ABSENCE DUE TO INJURY OR ILLNESS

Not e.—To be forwarded to the establishment of officer of the department WITHIN 14 DAYS when absence from
duty
will be longer than 14 days or the exact duration of sick- leave cannot be determined.

I certify that has been under my medical/ dental treatment from
..... and that owing to illness is unable to attend to his/ her duties until further
notice.

.....
Signature of Registered Medical Practitioner
or Dental

Practitioner

.....
Name in block letters of Registered Medical
Practitioners
or Dental Practitioner

Date Qualifications