APPLICATION FOR MANPOWER DEVELOPMENT LEAVE NOTES

 Original to Paymaste Authority for local co Submission of these 	r, Salary Services Bureau urses and short courses forms to Salary Services	d 'AMENDED/CANCELLED. C u, P. O. Box CY507, Causewa outside the country for les Bureau should be accompa cancelled/amended the ma	ay is than 3 mon anied by writte	ths shall be grante en authority for m	ed by the Head of	Ministry.
1. Surname		2. First Name				
3. Dpt/Station Code						
3. Dpt/Station Code 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 CHE						VND/OD CHECK
DIGIT ARE INCORRECT FORM WILL BE REJECTED						
TYPE SECTION TYPE OF LEAVE	SUBSECTI L	ON EMPLOYE as a 6 Digit e.g. 24 Novemb	er 1979 = 211		C/D +/-	О.Р.
MANPOWER DEVELOPME	NT FROM		то			DAYS
WITH PAY/ WITHOUT PAY						
WITH PAY/ WITHOUT PAY						
WITH PAY/ WITHOUT PAY						
WITH PAY/ WITHOUT PAY						
WITH PAY/ WITHOUT PAY						
Address whilst on leave						
Recommendations	Signature of Head of department Director Human		man	Head of Ministry		
from the Ministry/	applicant	Recommended/Not	Resources		Approved/Not approved	
Department		Recommended	Recommended/			
			Not Recomr	nended	(For Local courses at not exceeding 3 more	-
		Name			not exceeding 5 mor	
		C'ana atoma	Name			
	Data	Signature	Signaturo			
	Date	Date	Signature Date		Name	
		Date				
American by the Dollar	Ammunum d /Al - t A			Designation	Date	
Approval by the Public	Approved/Not Approv	reu		Designation		
Service Commission.	Name					
(For Doctoral & all Courses	INGILIE					
exceeding 3 months outside Zimbabwe)	Signature					