**To be completed by all Officers**

**Form 1A**

|  |  |  |
| --- | --- | --- |
| Employee Name | **:** | C. Anika Wilson (revised due to early return to work) |

|  |  |  |
| --- | --- | --- |
| Employee Position | **:** | Executive Officer |

|  |  |  |
| --- | --- | --- |
| Ministry/Department | **:** | HRMU |

|  |  |  |
| --- | --- | --- |
| No. of days requested | **:** | 10 |

|  |  |  |
| --- | --- | --- |
| Beginning date of leave | **:** | 10/03/2020-13/03/2020 |

|  |  |  |
| --- | --- | --- |
| Ending date of leave | **:** | 20/03/2020-27/03/2020 |

**Leave Category Requested (Please tick)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|

|  |  |
| --- | --- |
|  Annual Leave (Current Year) |  Uncertified Sick Leave  |
|  Accumulated Leave Certified Sick Leave ( attach medical certificate) |  Maternity Leave (attach letter of confinement) Study Leave |

 |

**Address and Contact details during leave**

 **Olveston, M/rat**

 **496-5711**

|  |  |  |
| --- | --- | --- |
| Employee Signature | **:** |  Date: |

Head of Department signature : Date:

|  |  |  |
| --- | --- | --- |
| Approved/Not Approved | **:** |  Date: |

 Permanent Secretary/Ministerial Head of Department

|  |  |  |
| --- | --- | --- |
| Noted in Leave Record | **:** |  |

 Ministry/Department Representative

Vacation Leave Balance: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_