**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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_