

Special Unpaid Leave Application Form – HR 108 (o)

This form is to be used by employees to apply for Special Unpaid Leave. You must give a minimum of four weeks notice to your employer before commencing leave. This form should only be completed where the absence is for leave of 11 months or less.

Please complete in Block Capitals/Tick appropriate boxes.

Section 1. To be completed by the employee											
Surname:						First Name:					
Grade:						Personnel No:					
Location:						PPS NO:					
I hereby notify my employer that I wish to apply for Special Unpaid Leave.											
Number of days Special Unpaid Leave applied for:											
From date:						To date:					
Signature:						Date:					
Section 2. To be completed by the Line Manager											
I have checked the relevant supporting documentation required for the leave requested.											
Application Approved				Yes <input type="checkbox"/> No <input type="checkbox"/>				If no, give reason:			
Signature:						Date:					
Name:						Grade:					
Contact Phone No:						Mobile No:					
Email Address:											
Section 3. Delegated Officer Approval											
Name (Print)						Signature					
Tel No						Date:					
Decision No											
Section 4. To be completed by Human Resources Personnel Administration											
System updated by:						Name:					
Contact Phone No:						Date:					
Comments:											

If faxing the form please ensure that the Employee's Name and Personnel Number are included on each page of the form

Name: _____ Personnel No: _____

Section 5. Payroll Section

Location Code

Checked in Payroll

Name (Print)

Signature

Tel No.

Date

Section 6. Circulation List

1

2

3

4

5

6

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