## **Application for Vacation Leave**

From Permanent Secretaries (To be prepared in triplicate)

1. To: Minis	ster/Deputy Governor/DD Employment	
I apply to take	days from//20 to/	/20 both days
	f my vacation leave of which I have already taken	days during
the current year.		
Employee Informa	<u>ation</u>	
Last Name		
First Name		
Middle Initial(s)	Employee ID Number	
Job Title		
Department		
Employee Signatur	re: Date:/_	/20
(a) Leave requ	uest noted by Minister/ DG.	
Signature of Minist	ter / DG Date:	/
<b>2.</b> To: <u>P.S.</u>	Public Administration/Hon. Deputy Governor	
	n order and recorded.	been amended.
	nao aayo aramasio.	
Deputy Dire	ector, Employment Date	/20
<b>3.</b> To: <u>Depu</u>	uty Director, Employment	
	Leave is approved in accordance with vacation roster.	
Please take necessary action to satisfy the substitute requirem		uirement.
		/20 e
P. S. Public	c Administration/ Hon. DG Dat	е
	For HRI System Use Only	
Received		0
Entered in System		0
•	Signed Date	=