
APPLICATION FOR SICK LEAVE

To be submitted to the Permanent Secretary, or Head of Department where the Department is not under the control of a Permanent Secretary.

1. To _____
Permanent Secretary/Head of Department

I hereby apply for _____ working days sick leave from _____ to _____ both days inclusive, in respect of which a medical certificate is attached.

Signed _____ Grade or Office _____

Ministry/Dept. _____

2. Examined and eligible _____
Head of Section or Division

3. Approved _____
Permanent Secretary/Head of Department

4. Permanent Secretary, Establishment.
Application for sick leave from _____
_____ is submitted for approval.

The following arrangements are proposed for the performance of his/her duties:

Permanent Secretary/Head of Department

5. Approved _____
Permanent Secretary, Establishment

** To be submitted by the Permanent Secretary or Head of Department to the Permanent Secretary, Establishment for approval where the amount of leave is in excess of 20 working days for officers who work a 5 – day week and 24 working days for officers who work a 6 – day week.*

If the leave is granted otherwise than on full pay the Treasury and Audit Departments should be notified.