

APPLICATION FOR LEAVE

NOTES

1. An amended Leave Form must be clearly marked wither "AMENDED/CANCELLED, ORIGINAL DATES WERE..... TO....."
2. Original to : Manager, Salary Service Bureau, P.O. Box CY 507, Causeway.
3. For all sick-leave in excess of three consecutive working days (six consecutive working days in certain areas: and all sick-leave in the Uniformed Forces: excluding Prisons Service who have conditions aligned to Public Service, a certificate in the form shown overleaf is required. (Indicate clearly in the "To" column if indefinite.)
4. Applications for advances of salary must reach Salary Service Bureau at least six weeks prior to start of leave, unless arrangements have been made to the contrary.
5. An advance of salary may be applied for: (a) in the case of a Group II or III employee, if at least ten day's leave is take: (b) in the case of an office or a/group employee, if at least 21 days' leave is taken: if such leave is taken over a period which includes a pay day.
6. Urgent Private Affairs leave for use by Teachers and Defence Forces only

1. Surname	2. First names
3. Dept & Stn. Code No.	4. Ministry/Department
5. Station	

APPLICANT TO COMPLETE BELOW: EMPLOYEE CODE NUMBER AND CHECK DIGIT, AND PERIOD OF LEAVE ONLY, (IF E C NO. AND/OR CHECK DIGIT ARE INCORRECT, FORM WILL BE REJECTED.)

TYPE	SECTION	SUB-SECTION.	EMPLOYEE CODE NUMBER	C/D	SSB. USE ONLY
3 5					O.P.
TYPE OF LEAVE (Enter dates as 6 digits: e.g. 1st JUNE 1979 010679)					
VACATION	FROM		TO		Enter 'O' for Reversal of Previous entry <input type="checkbox"/> 21
	22	27	28	33	DAYS
SICK					34 35 37
	38	43	44	49	DAYS
ANNUAL					50 51 53
	54	59	60	65	
SPECIAL					
	66	71	72	77	
WITHOUT PAY					
	78	3	84	89	
URGENT PRIVATE AFFAIRS (note 6)					
	90	95	96	101	
SCHOOL (Teacher)					
	102	107	108	113	
ADVANCE OF SALARY					
If required insert "Y" in box 118					114 115 117
					118

Notes 4 & 5

If Yes, state number of months.....
 From the month of.....20.....to.....20.....

Nursing staff: Ministry of Health: I certify that I will be vacating Government accommodation
 From.....to.....(inclusive)

Address whilst on leave
 Signature of applicant Recommended Approved
 Date:..... Date:..... Date:.....

**FIRST SCHEULE (Section 19 and 23)
CERTIFICATE FOR SICK-LEAVE
PART I**

I certify thathas been under my medical/dental
treatment for a period from.....to.....
(name of applicant)
(actual dates)
and that his/her illness prevented him/her attending to his/her duties during the period.....
to.....and was not occasioned by misconduct or failure to take reasonable precautions;
(actual dates)
and I consider him/her to be unfit to discharge his/her duties and that it is necessary and indispensable
for the recovery of his/her health that he/she should have leave until.....for the purpose of.....
(state date)

.....
.....

.....
*Signature of Registered Medical Practitioner
or Dental Practitioner*
.....
*Name in block letters of Registered Medical
Practitioner or Dental Practitioner*

Date:..... Qualifications:.....

Note: Sick-Leave in excess of 90 days in the case of an officer or employee can be granted only on the recommendation of a medical board.

**PART II
NOTIFICATION OF ABSENCE DUE TO INJURY OR ILLNESS**

Note - To be forwarded to the establishment officer of the department **WITHIN 14 DAYS** when absence from duty will be longer than 14 days or the exact duration of sick-leave cannot be determined.

I certify that.....has been under my medical/dental treatment from
.....and that owing to illness is unable to attend to his/her duties
until further notice

.....
*Signature of Registered Medical Practitioner or Dental
Practitioner*
.....
*Name in block letters of Registered Medical Practitioner or
Dental Practitioner*

Date:..... Qualifications:.....

Appendix B

_____ School/Office

Address _____

Ref: P/ _____

E. C. No. _____

Date _____

Mr./Mrs./Miss/Ms/Dr. _____

Physical Contact Address _____

RE : ACKNOWLEDGEMENT OF RECEIPT OF SICK LEAVE FORMS AND FACILITATION OF THE CONVENING OF A MEDICAL BOARD

This letter serves to confirm receipt of your sick leave forms for the period commencing from _____.

Please be advised that, in terms of the proviso to section 38.(4) of Statutory Instrument 1 of 2000 as amended, since your illness might exceed ninety days, you shall be required to attend a medical board.

In order to facilitate the convening of a medical board, you are advised to approach your registered medical practitioner (doctor) and obtain a letter from him/her recommending that a medical board be convened for you.

Since your ninety days of sick leave expire on _____, it is advisable that the letter from your doctor (medical practitioner) is submitted to your Head of Office by _____, which is at least thirty days before the ninety days expire.

This shall enable the Head of Ministry, through the Provincial Education Director, to facilitate the convening of a medical board for you by _____, which is twenty-one days before the expiry of your ninety days of sick leave.

Be further advised that the payment of your salaries and allowances shall be ceased immediately after ninety days of your sick leave. Any payment of salaries or allowances beyond the ninety days of sick leave shall be subject to the recommendations of a medical board.

It is thus important that you attend a medical board at the earliest opportunity.

Signature

Name and Initial/s

HEAD OF SCHOOL/OFFICE

/misconduct vis-à-vis sick leave letter

ACKNOWLEDGEMENT

I, _____, (full names), ID No. _____ (if spouse or relative) acknowledge receipt of your minute and understand the contents therein.

SIGNATURE _____

Date _____

