PROVINCIAL COUNCIL FORM 4-10

APPLICATION FOR LEAVE FORM

Name: _____ **VNPF No.:** _____

Post Title: _____

Post No.: *(If necessary)* _____ **Scale/Level**: _____

Section/Unit: _____ **Provincial Council**:_____

Entry Date of Service: _____

Type of Leave To Be Taken: _____

First Date of Leave: _____ **Last Date of Leave:** _____

Total Number of Working Days Leave: _____

Advance Leave Salary Required: **Yes** **No** **Date Required:** _____
(Please circle the appropriate answer and submit at least three weeks in advance)

Signature of Staff Member: _____ **Date:** _____

Leave Applied for is supported: **Yes/No** ***(Please circle the appropriate answer)***

Signature of Supervisor: _____ **Date:** _____

Comments: _____

SECRETARY GENERAL/PRESIDENT APPROVAL

Leave Approved: Yes / No (Please circle the appropriate answer) Date: _____

Comments: _____

Name: _____ **Signature:** _____
(For annual vacation, standard sick leave, maternity, family, compassionate, international/provincial sporting, cultural and religious events only. A medical certificate is to be attached where the period of sick leave is more than 2 days)

APPROVED/NOT APPROVED *(please circle decision)* **PC Meeting held on:** _____