PROVINCIAL COUNCIL FORM 4-4

DOMESTIC TRAVEL ALLOWANCE FORM

Name of Claimant:_____ **Payroll Number:**_____

Post Title:_____ **Post No:** (If Necessary)_____

Employment *(i.e. Permanent, daily rated etc.)*:_____

Normal Work Location:_____

1.PURPOSE OF TRAVEL (Please indicate by ticking the appropriate box)	
Duty Travel	
Workshop/Training	
Temporary Transfer	
Others (please specify)	

2. ITINERARY & ACCOMODATION EXPENSES

Place to Visit	Arrived		Departed		Type of Accommodation	Cost
	Date	Time	Date	Time		
					TOTAL AMOUNT (VT.)	

I certify that to best of knowledge the information provided above is correct and true. And in the event that it is found to be intentionally incorrect or misleading I can be discipline. I also undertake to reimburse any amount paid to myself as a result of the incorrect or misleading information

Travelling Staff members Signature:_____

Date:_____

I certify that the above staff member will attend the Duty Travel/ In-service workshop /training at the location, on dates and times specified in the above information. The above staff member will be on official duty away from his normal work location.

Secretary General of the Provincial Council: _____

_____

(print name)

Date: _____

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: _____

DESTINATION 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:** _____