PROVINCIAL COUNCIL FORM 4-11

HOME ISLAND LEAVE TRAVEL CLAIM

Name: _____ **Payroll No:**_____

Post title: _____

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

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

Is your spouse or de-facto partner a Government or Provincial Council employee?:
Yes ☐ **No** ☐

If your answer is yes, please state name of spouse/de facto: _____

What Government Agency or Provincial Council does is he or she work in: _____

Has Your spouse/de facto partner submitted a claim for Home Island Leave Travel?: **Yes** ☐ **No** ☐

Have you or your spouse/de facto partner submitted a claim for Home Island Leave Travel in the current leave year? : **Yes** ☐ **No** ☐

NAME AND AGE OF CHILDREN

Name: _____ **Age:** _____

Name: _____ **Age:** _____

Name: _____ **Age:** _____

Name: _____ **Age:** _____

TRAVEL ARRANGEMENTS:

Describe the most direct route between work station location and home island location:

_____

_____

State the actual route to be undertaken with dates and method of transport:

_____

If the shortest route is not being undertaken please state why?

_____