

PRIVATE SECONDARY SCHOOLS AUTHORITY
APPLICATION FOR VACATION LEAVE

TO THE MANAGER:.....

SCHOOL:.....

EMPLOYEE ID:.....

1. SURNAME:.....

2. NAMES:.....

3. POST OCCUPIED:.....
(FULL – TIME / PART – TIME)

4. DATE OF APPOINTMENT:.....

5. RECORD OF PREVIOUS LEAVE TAKEN:.....

(a) Maternity Leave:.....

.....
.....

(b) Sick Leave in excess of 21 days (annual entitlement):.....

.....
.....

(c) Previous Vacation Leave:.....

.....

(d) Others (please specify):.....

.....

5. PERIOD OF LEAVE:

<u>OVERSEAS</u>		<u>LOCALLY</u>		<u>NO. OF DAYS</u>
FROM	TO	FROM	TO	
.....
.....

6. DATE:..... SIGNATURE OF APPLICANT:.....

7. RECOMMENDATION OF MANAGER:

Approved/Not Approved (Please delete where appropriate)

8. DATE:..... SIGNATURE OF MANAGER:.....