REPUBLIC OF THE MARSHALL ISLANDS

Public Service Commission – Leave Form

APPLICATION FOR LEAVE

Instructions: Complete the appropriate section of the form. If applying sick leave. Check the appropriate box. If you were under the care of a doctor four or more days, a "certification" from the attending physician has to be accompanied with your leave form

Name: _____ (Print or Type – Last, First, Middle Initial	Social Security Number: _____	
Ministry/Agency	Location (Islands/Atoll)	
☐ Annual Leave – I understand that any leave Authorized in excess of the amount available to me during the leave year will be charged leave Without pay (LWOP)	Leave Start Date: / / Leave Ends Date: / /	Total leave Hours:
☐ Sick – Complete the bottom part of the form ☐ Without pay ☐ Administravtive ☐ Maternity ☐ Professional Development ☐ Compassionate Leave ☐ Special Leave	Employee Signature	Date:
	Supervisor Signature	Date:
	Head of Dept. Signature	Date:
Remarks:		

APPROVED ☐ DISAPPROVED ☐ (IF disapproved, given reason) _____

(Supervisor use only)