



## LEAVE APPLICATION

NAME \_\_\_\_\_

Date \_\_\_\_\_

Department \_\_\_\_\_

To: \_\_\_\_\_ (Division/Dept Head)

Type of Leave:  Earned Leave     Sick leave     Educational Leave

Casual Leave     Sabbatical Leave

First day of Leave \_\_\_\_\_

Return to work date \_\_\_\_\_

EXPLANATION (not required for Earned Leave):

(add extra pages as necessary)

DIVISION/DEPARTMENT HEAD:  Approved

Disapproved

Comments:

Signature \_\_\_\_\_

Name \_\_\_\_\_

Date \_\_\_\_\_

**DEPT OF HUMAN RESOURCES:**

Current annual Leave utilized: \_\_\_\_\_ days    Available leave \_\_\_\_\_ days

Signature \_\_\_\_\_

Name \_\_\_\_\_

Date \_\_\_\_\_

**DEAN/MEDICAL DIRECTOR/HOSPITAL DIRECTOR/NURSING DIRECTOR (not necessary for Earned or Maternity leave or Sick leave, except for Prolonged sick leave)**

Signature \_\_\_\_\_ Name \_\_\_\_\_

Date \_\_\_\_\_

Comments: