



DIVISION OF EDUCATION, RESEARCH AND TECHNOLOGY

Department of Education

Dutch Fort Plaza, Dutch Fort, Scarborough, Tobago

Telephone: 299-0781/639-5220 Fax: 635-0731 Email: deyas.ad@gmail.com

NAME OF OFFICER:

POST:

APPLICATION FOR: days Casual/ Absence/ Sick Leave

FROM: **TO:**

.....
Date **Signature of Officer**

A. <u>LEAVE ELIGIBILITY</u>	<u>EARNED</u>	<u>TAKEN</u>		<u>BALANCE</u>
		C/L	V/L	
B/F(i.e. end of last work year)			 days

FROM: **TO:** days

B. CASUAL ABSENCE / SICK LEAVE

Casual Absence/ Sick Leave allowed per year days

No. of days previously granted days

No. of days now granted days

No. of days now due days

.....
Date **Personnel Officer**

Administrator,
Arrangements has/ have not been made departmentally to carry out the officer's duties

Recommended/ Not Recommended

.....
Officer in Charge

..... Section

..... Days Casual Absence/ Sick Leave approved with effect from

..... To

.....
Date **Administrator,**

Division of Education, Research and Technology