

## MINISTRY OF THE PUBLIC SERVICE, GOVERNANCE IMPROVEMENT AND ELECTIONS & BOUNDARIES

## SHORT LEAVE APPLICATION FORM

1- 10 days

Name:				
Post:				
Section/Department:				
Leave Already Taken For Present Year			ance to Date: ial Use Only):	
Leave Now Applied For:	Number of	 Days	From	То
Signature:		Date of A	application:	
What arrangements have	been made f	or perform	ance of duties dur	ing absence:
Recommendation:			Data	
.xecommendadon:	Supervisor		Date:	
Approved:			Date:	
Head of Sec	ction/Depart	ment		