

POHNPEI STATE GOVERNMENT DEPARTMENT OF TREASURY AND ADMINISTRATION KOLONIA, POHNPEI FM 96941

APPLICATION FOR LEAVE

NSTRCUTION: Please complete item 1 1. Name (Print or type-Last, First, N				
and the special property of th			2. Employee I.D Number	
3. Organizational Unit	4-A Month FROM:	Day	Hour	4-C Total Number of
5. I hereby request (if more than one box is checked, Explain in item 6, Remarks):	4-B Month	Day	Hour PM	Hours
Annual Leave (Annual leave request may not exceed the. Sick Leave (complete reverse side of form) Leave Without Pay	amount average for use during the leave ye	ar)	6. Remarks	
Compensatory Time Other (Specify)			7. Employee Signature	8. Date
01	FFICIAL ACTION (ON APPI	LICATION	-
Approved Disapproved (If disapproved)	proved, give reason, if annual leave, initiate	action reschedule)	Signature (Annual leave approved may not for use during the leave year)	t exceed the amount available
(i usap				
ISTRCUTION: Please complete item 1-	8 after reading the I			
ISTRCUTION: Please complete item 1- L. Name (Print or type-Last, First, M. B. Organizational Unit	8 after reading the I		ct Statement below	4-C Total Number of
ISTRCUTION: Please complete item 1- L. Name (Print or type-Last, First, M. B. Organizational Unit L. I hereby request (if more than one box is checked, Explain in item 6, Remarks):	8 after reading the I I.) 4-A Month FROM: 4-B Month TO:	Day	ct Statement below 2. Employee I.D Number Hour	4-C Total
ISTRCUTION: Please complete item 1- I. Name (Print or type-Last, First, M. B. Organizational Unit J. I hereby request (If more than one box is checked,	8 after reading the I I.) 4-A Month FROM: 4-B Month TO:	Day	ct Statement below 2. Employee I.D Number Hour AM	4-C Total Number of
ISTRCUTION: Please complete item 1- I. Name (Print or type-Last, First, M. I. Organizational Unit I. I hereby request (if more than one box is checked, Explain in item 6, Remarks): Annual Leave (Annual leave request may not exceed the am Sick Leave (complete reverse side of form)	8 after reading the I I.) 4-A Month FROM: 4-B Month TO:	Day	ct Statement below 2. Employee I.D Number Hour AM Hour PM 6. Remarks	4-C Total Number of
NSTRCUTION: Please complete item 1- 1. Name (Print or type-Last, First, M. 3. Organizational Unit 5. I hereby request (if more than one box is checked, Explain in item 6, Remarks): Annual Leave (Annual leave request may not exceed the am Sick Leave (complete reverse side of form) Leave Without Pay Compensatory Time Other (Specify)	8 after reading the I I.) 4-A Month FROM: 4-B Month TO:	Day	ct Statement below 2. Employee I.D Number Hour AM Hour PM 6. Remarks 7. Employee Signature	4-C Total Number of Hours