

# REPUBLIC OF THE MARSHALL ISLANDS

Public Service Commission – Leave Form

APPLICATION FOR LEAVE		
<b>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</b>		
<b>Name:</b> _____ <small>(Print or Type – Last, First, Middle Initial)</small>	<b>Social Security Number:</b> _____	
<b>Ministry/Agency</b>	<b>Location (Islands/Atoll)</b>	
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)	<b>Leave Start Date:</b> / /	<b>Total leave Hours:</b>
	<b>Leave Ends Date:</b> / /	
Sick – Complete the bottom part of the form  Without pay      Administravtive      Maternity  Professional Development      Compassionate Leave  Special Leave	<b>Employee Signature</b>	<b>Date:</b>
	<b>Supervisor Signature</b>	<b>Date:</b>
	<b>Head of Dept. Signature</b>	<b>Date:</b>
<b>Remarks:</b> _____ _____		
<div style="display: flex; justify-content: space-between;"> <span>APPROVED</span> <span>DISAPPROVED (IF disapproved, given reason)</span> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <input style="width: 30px; height: 20px;" type="checkbox"/> <input style="width: 30px; height: 20px;" type="checkbox"/> </div> <p style="color: red; margin-top: 5px;"><b>(Supervisor use only)</b></p>		