



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

APPLICATION FOR LEAVE

INSTRCUTION: Please complete item 1-8 after reading the Privacy Act Statement below

1. Name (Print or type-Last, First, M.I.)			2. Employee I.D Number		
3. Organizational Unit	4-A	Month	Day	Hour	4-C Total Number of Hours
	FROM:			AM	
5. I hereby request <small>(if more than one box is checked, Explain in item 6, Remarks):</small>	4-B	Month	Day	Hour	PM
	TO:				
<input type="checkbox"/> Annual Leave <small>(Annual leave request may not exceed the amount average for use during the leave year)</small> <input type="checkbox"/> Sick Leave <small>(complete reverse side of form)</small> <input type="checkbox"/> Leave Without Pay <input type="checkbox"/> Compensatory Time <input type="checkbox"/> Other (Specify)				6. Remarks	
				7. Employee Signature	8. Date
OFFICIAL ACTION ON APPLICATION					
<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved <small>(If disapproved, give reason, if annual leave, initiate action reschedule)</small>				Signature <small>(Annual leave approved may not exceed the amount available for use during the leave year)</small>	

INSTRCUTION: Please complete item 1-8 after reading the Privacy Act Statement below

1. Name (Print or type-Last, First, M.I.)			2. Employee I.D Number		
3. Organizational Unit	4-A	Month	Day	Hour	4-C Total Number of Hours
	FROM:			AM	
5. I hereby request <small>(if more than one box is checked, Explain in item 6, Remarks):</small>	4-B	Month	Day	Hour	PM
	TO:				
<input type="checkbox"/> Annual Leave <small>(Annual leave request may not exceed the amount average for use during the leave year)</small> <input type="checkbox"/> Sick Leave <small>(complete reverse side of form)</small> <input type="checkbox"/> Leave Without Pay <input type="checkbox"/> Compensatory Time <input type="checkbox"/> Other (Specify)				6. Remarks	
				7. Employee Signature	8. Date
OFFICIAL ACTION ON APPLICATION					
<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved <small>(If disapproved, give reason, if annual leave, initiate action reschedule)</small>				Signature <small>(Annual leave approved may not exceed the amount available for use during the leave year)</small>	