

**REPUBLIC OF PALAU**

**APPLICATION FOR LEAVE**

ROP MOA-BPSS-05

**INSTRUCTIONS** Please complete items 1-8

<b>1. Name:</b> (Print or type - Last, First, M.I.)				<b>2. Employee Social Security Number</b>	
<b>3. Organizational Unit</b>	<b>4-A Month</b>	<b>Day</b>	<b>Hour</b>	<b>A.M.</b>	<b>4-C Total Number of Hours</b>
	<b>FROM:</b>			<b>P.M.</b>	
<b>5. I hereby request</b> <i>(If more than one box is checked, explain in item 6, Remarks):</i>	<b>4-B Month</b>	<b>Day</b>	<b>Hour</b>	<b>A.M.</b>	
	<b>TO:</b>			<b>P.M.</b>	
<b>6. Remarks</b>					
<b>7. Employee-s Signature</b>				<b>8. Date</b> <i>(Month, Day, Year)</i>	

**OFFICIAL ACTION ON APPLICATION**

<input type="checkbox"/> <b>Approved</b>	<input type="checkbox"/> <b>Disapproved</b> <i>(If disapproved, give reason If annual leave, initiate action to reschedule.)</i>	<b>Signature</b>	<b>Date</b> <i>(Month, Day, Year)</i>
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Any and all leave must be requested in advance using this form. For sick leave requested lasting over three working days, attach a doctor's certificate to this application and submit for approval. Supervisors may also require a doctor's certificate if use of sick leave is chronic and excessive. All employees are encouraged to read the Public Service System Rules and Regulations and in particular the regulations regarding leave.

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