Reset

Employee Number

Province of Prince Edward Island
Civil Service

Leave Application Form

A

Surname	Given Name	Initial	Department	Division	Section

B

Leave Type Vacation VAC ☐ Sick **SK** ☐ **R**equest for Advance of Sick Leave **ASK** ☐ **S**pecial Leave with Pay **SLP** ☐ **S**pecial Leave Without Pay **LWO** ☐

C

From Hr / D / M / Y	To Hr / D / M / Y	Type of Requested Leave	Code	Article of Agreement	Number of Days	Number of Hours	Ent	Declined	Hours Accumulated	Hours Previously Used	Hours Remaining

D

Reasons For Leave (**Not Required For Vacation Leave**)

I Request Leave as Stated Below: **Date:**_____ **Employee's Signature:**_____

E

To be Completed by **Examining Physician**

Date of First Examination (dd/mm/yy) _____

Date of Last Examination (dd/mm/yy) _____

Approximate Date of Return to Duty (dd/mm/yy) _____

I, the undersigned, a duly qualified medical practitioner, hereby certify that I have been in attendance upon ☐ or have satisfactory knowledge of ☐ the above named person during the illness described above and that he/she was unable to perform his/her duties during the period.

Date of Certification:_____ Physician's Signature:_____ M.D. Address:_____

F

Departmental Approval

_____ Date

_____ Supervisor

_____ Date

_____ Employing Authority