GOVERNMENT OF GRENADA

LEAVE FORM

PART 1: EMPLOYEE INFORMATION

Full Name: _____________________________________________________________

Last                   First                              M. I.

Job Title: ________________         Ministry/Dept: __________         Division: ___________

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PART 2: LEAVE INFORMATION

☐ Local Bereavement         ☐ Time-Off for Funerals    _____hours   ☐ Paternity Leave

☐ Overseas Bereavement     ☐ Compassionate Leave     ☐ Maternity Leave  ☐ Other

Dates of Absence:          From: __________________    To: __________________

Month    Day    Year          Month    Day    Year

☐ Supporting Documentation Enclosed

REASONS FOR LEAVE:

________________________________________________________________________

________________________________________________________________________

Employee’s Signature            Date

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PLEASE TICK THE APPROPRIATE BOX

PART 3: SUPERVISOR

☐ Recommended

☐ Not Recommended

Comments: ____________________________

PART 4: HUMAN RESOURCE OFFICER

Entered in Leave Register

Forwarded to PSC or Filed

Comments: ____________________________

Signature                  Date

Signature                  Date
PART 5: PERMANENT SECRETARY/ HEAD OF DEPARTMENT

PLEASE TICK THE APPROPRIATE BOX

For Staff Appointed by the PSC

☐ Recommended/Approved
☐ Not Recommended/ Not Approved

For Staff Not Appointed by the PSC

☐ Approved
☐ Not Approved

Comments:

___________________________
Signature Date

___________________________
Signature Date

PART 6: PUBLIC SERVICE COMMISSION

☐ Approved ☐ Not Approved

Comments:

___________________________
Signature: Chief Personnel Officer Date