

**REPUBLIC OF THE MARSHALL ISLANDS**  
Public Service Commission – Leave Form

<b>APPLICATION FOR LEAVE</b>		
Instructions: Complete the appropriate section of the form. If applying for 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.		
Name: _____ (Print or type – Last, First, Middle initial)	Social Security Number: _____	
Ministry/Division	Location (Islands/Atoll)	
<input type="checkbox"/> 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).  <input type="checkbox"/> Sick – Complete the bottom part of the form  <input type="checkbox"/> Without Pay <input type="checkbox"/> Administrative <input type="checkbox"/> Maternity  <input type="checkbox"/> Professional Development	FROM:	Number of Hours
	TO:	
	Signature of Employee	Date
	Signature of Supervisor	Date
	Signature of Head of Ministry/Agency	Date
Remarks:	<input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED (If disapproved, give reasons)	