Province of Prince Edward Island Civil Service

Leave Application Form

Εľ	MPLOYEE NUMBER														
Α	Surname	ne Initial				Department			Division			Section			
В	Leave Type Vacation VAC	Sick SK	Reques	est for Advance of Sick Leave A		AS	SK Special Le		ave with Pay SLP		Special Leave With		out Pay LWO		
С	From Hr/D/M/Y	To Hr/D/M/Y		Type of Requested Leave	Requested		rticle reement	Number of Days	Number of Hours	Ent	Declined	Hours Accumulated	Hours Previously Used	Hours Remaining	
	I Request Leave as Stated Above: Date: Employee's Signature:														
F	*To be Completed by Examining Physician	o be Completed by Date of First Examination (dd/mm/yy) Date of La						t Examination (dd/mm/yy) Ap			pproximate Date of Return to Duty (dd/mm/yy)				
	*In lieu of Section F being completed, an employee may attach a medical note providing this information. *In lieu of Section F being completed, an employee may attach a Nature of Illness:														
	I, the undersigned, a duly qualifi above and that he/she was unal	ed medical practition ole to perform his/her	er, hereby cer duties during	rtify that I have the period.	been in atten	ndance	e upon 🗆	or have satis	sfactory know	vledge o	f □ the above	named person du	ıring the illnes	s described	
	Date of Certification: Physician's Signature:								M.D. Address:						
G	Departmental Approval														
	Date	ate Supervisor								Employing Authority					

Revised 08 April 2016