

Province of Prince Edward Island  
Civil Service  
**Leave Application Form**

EMPLOYEE NUMBER																
A	Surname Given Name Initial				Department Division Section											
B	<div>Leave Type    Vacation    <b>VAC</b>    Sick    <b>SK</b>    Request for Advance of Sick Leave    <b>ASK</b>    Special Leave with Pay    <b>SLP</b>    Special Leave Without Pay    <b>LWO</b></div>															
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 <b>(Not Required For Vacation Leave)</b>															
	I Request Leave as Stated Above:  Date: _____ Employee's Signature: _____															
F	<div><div>*To be Completed by Examining Physician</div><div>Date of First Examination <b>(dd/mm/yy)</b> _____</div><div>Date of Last Examination <b>(dd/mm/yy)</b> _____</div><div>Approximate Date of Return to Duty <b>(dd/mm/yy)</b> _____</div><div>*In lieu of Section F being completed, an employee may attach a medical note providing this information.</div><div>Nature of Illness: _____</div><div>I, the undersigned, a duly qualified medical practitioner, hereby certify that I have been in attendance upon <input type="checkbox"/> or have satisfactory knowledge of <input type="checkbox"/> the above named person during the illness described above and that he/she was unable to perform his/her duties during the period.</div><div>Date of Certification: _____ Physician's Signature: _____ M.D. Address: _____</div></div>															
G	Departmental Approval															
	_____ Date				_____ Supervisor				_____ Date				_____ Employing Authority			