

**SAINT LUCIA**

**APPLICATION FOR SICK LEAVE**

*To be submitted to the Permanent Secretary, or Head of Department where the Department is not under the control of a Permanent Secretary.*

1. To .....  
*Permanent Secretary/Head of Department.*

I hereby apply for ..... working days sick leave from .....  
to .....both days inclusive, in respect of which a medical  
certificate is attached.

Signed ..... Grade or Office .....

Ministry/Department .....19.....

2. Examined and eligible .....19.....  
*Head of Section or Division*

3. Approved .....19.....  
*Permanent Secretary/Head of Department*

4. Permanent Secretary, Establishment.

Application for sick leave from Mr./Mrs./Miss.....

.....is submitted for approval.

The following arrangements are proposed for the performance of his/her  
duties :

.....19.....  
*Permanent Secretary/Head of Department*

5. Approved .....19.....  
*Permanent Secretary Establishment*

\* *To be submitted by the Permanent Secretary or Head of Department to the Permanent Secretary, Establishment for approval where the amount of leave is in excess of 20 working days for officers who work a 5—day week and 24 working days for officers who work a 6—day week.*

If the leave is granted otherwise than on full pay the Treasury and Audit Departments should be notified.