

## SAINT LUCIA APPLICATION FOR CASUAL LEAVE

Ministry/Department .....

Name .....

Date of Entry in the Public Service .....

Grade .....

Annual Leave eligibility .....

No. of days applied for ..... From .....

to ..... both days inclusive

Where Leave is to be spent .....

### Periods of Vacation or Casual Leave during the past year

| <i>No. of Days</i> | <i>From</i> | <i>To</i> |
|--------------------|-------------|-----------|
|                    |             |           |

Date .....  
*Signature*

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Approved.

Date .....  
*Head of Department*

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Date noted in Leave Record .....

.....  
*Personnel Division*

TO BE RETURNED TO HEAD OF DEPARTMENT