REPUBLIC OF ZIMBABWE

Ministry of Veterans of the Liberation Struggle Affairs

FORM REF: MVLSA/LV/001

LEAVE APPLICATION FORM

Complete all sections clearly and submit to your supervisor for approval before the intended leave date.

SECTION A — EMPLOYEE DETAILS

Full Name (Surname First)

Employee Number

Department / Unit

Post / Grade

Date of Employment

Ministry Email Address

Contact / Cell Number

Supervisor Name

SECTION B — TYPE OF LEAVE

Select Leave Type (tick one)

■ Annual Leave	■ Sick Leave	■ Maternity Leave	■ Paternity Leave
■ Unpaid Leave	■ Study / Exam Leave	■ Special Leave	■ Other (specify below)

If Other, please specify

Leave Year

Number of Days Applied

SECTION C — LEAVE DURATION

Date Leave Commences

Date of Expected Return

Total Calendar Days

Total Working Days Requested

Note: Public holidays falling within the leave period must be excluded from the total working days count.

SECTION D — ADDRESS DURING LEAVE

Physical Address During Leave Period

Telephone / Contact During Leave

Alternative Emergency Contact

Relationship

SECTION E — EMPLOYEE DECLARATION

I declare that the information provided in this application is accurate and complete. I undertake to return to duty on the date specified above. I acknowledge that any misrepresentation or failure to return on the agreed date may result in disciplinary action in accordance with the applicable Public Service regulations.

Employee Signature

Date

Stamp (if any)

SECTION F — LEAVE BALANCE (Completed by HR Before Approval)

To be completed by the Human Resources office before the application proceeds to supervisory approval.

Total Leave Entitlement (Days)

Annual Leave Already Taken

Sick Leave Already Taken

Leave Balance Available

HR Officer Name	HR Verification Date	HR Reference Number

SECTION G — SUPERVISORY APPROVAL

Supervisor's Decision

■ Approved as Requested	■ Approved with Amended Dates	■ Not Approved (reason below)

Reason if Not Approved / Comments

Supervisor Full Name	Supervisor Signature	Date

SECTION H — HR / ADMINISTRATION FINAL APPROVAL

Final Decision

■ Approved	■ Not Approved	■ Deferred — Pending Further Information

Authorising Officer Name	Signature	Date of Final Approval

Notes / Special Conditions
