



GOVERNMENT OF KIRIBATI

ANNUAL LEAVE FORM

TO: **Public Service Office**

Ministry/Office:

Name of Officer:

PF Number:

Post and Division:

Leave Earning Rate:

Home Island:

Date:

Leave:B/F	Annual Ent:	Leave Eligib:	Start Date	End Date	Days taken	Balance	Leave O/S	Comment:

NOTE:

Closed and Checked

Endorsed

Head of Division

Secretary

CC:

- ☐ Auditor General
☐ Chief Accountant