



GOVERNMENT OF KIRIBATI

Annual Leave Form

Please read carefully and complete this application form before submitting it to the Approval Authority.

PF Number:

Date:

1. Full name of Employee:

2. Title:

3. Division /Ministry:

4. Leave entitlement:

5. Home island:

Leave B/F	Annual Entitlement	Leave Eligibility	Leave Start Date	Leave End Date	Leave Days Taken	Leave Over Stayed	Balance	Comments

APPROVAL AUTHORITY SIGNATURE:

Closed and checked by:

Signature:

Name:

Title:

Date:

Endorsed by:

Signature:

Name:

Title:

Date: