

THE COLLEGE OF THE BAHAMAS
VACATION LEAVE APPLICATION FORM

(To Be Completed In Duplicate)

This form should be completed, approved by the Division Chairperson/Department Head, and forwarded to the Human Resources Department, at least four weeks before the date of leave is to commence. The applicant will be notified of the approved leave by the Human Resources Department.

NAME OF APPLICANT: _____

POSITION: _____

DEPARTMENT OF EMPLOYMENT: _____

DATE OF EMPLOYMENT: _____

NUMBER OF DAYS REQUESTED TO DATE: _____

DATES OF LEAVE FIRST DAY: _____ LAST DAY: _____

TOTAL NUMBER OF DAYS REQUESTED: _____

ADDRESS DURING LEAVE: _____ TELEPHONE NUMBER: _____

SIGNATURE OF APPLICANT: _____ DATE: _____

SIGNATURE OF SUPERVISOR: _____ DATE: _____

SIGNATURE: _____ DATE: _____

FOR HUMAN RESOURCES USE ONLY:

VACATION CARRIED OVER: _____

CURRENT YEAR ENTITLEMENT: _____

VACATION ALREADY TAKEN: _____

BALANCE REMAINING: _____

SIGNATURE: _____ DATE: _____

DIRECTOR OF HUMAN RESOURCES

INITIALS OF RESEARCHER: _____