 UNIT:

 Date:

**LONG LEAVE APPLICATION FOR OFFICERS**

|  |  |  |
| --- | --- | --- |
| No: \_\_\_\_\_\_\_\_\_\_ | Rank: \_\_\_\_\_\_\_\_\_\_\_ | Name: \_\_\_\_\_\_\_\_\_\_\_\_ |

Number of Days Applied For:

Type of Leave:

From: \_\_\_\_\_\_\_\_\_\_ To: \_\_\_\_\_\_\_\_\_\_

Leave taken to date:

|  |
| --- |
|  |
|  |
|  |
|  |

Address While on Leave

Telephone Number:

Name of Deputising Officer:

Signature of Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_ Rank \_\_\_\_\_\_\_\_\_\_\_

 ( )

Granted/Not Granted \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Rank \_\_\_\_\_\_\_\_\_\_\_

 ( )