

DISTRIBUTION:Original to Officer
Copies to Permanent Secretary/Resident Secretary/Head of Department

REPUBLIC OF ZAMBIA
APPLICATION FOR SICK LEAVE (LOCAL CONDITIONS)

PART 1

(To be completed by applicant)

Name of applicant.....
Appointment..... Station.....
Ministry.....
Period of sick leave requested:.....days from.....to.....200...
(inclusive)

.....
Date Signature
(Medical Certificate required to support this application)

PART 2

To be completed by Head of Department
The above application is forwarded and recommended.

.....
Date Head of Department

PART 3

(To be completed at Ministry Head Quarters if applicant is in Div 1 or 2 or by Head of Department if applicant is in Div 3.)

The applicant is eligible for sick leave under G.O.622(a) G.O 622 (b). During the year ended.....
200...He has been granted a total ofdays sick leave with half pay (including all periods
granted under G.O 623)

The sick leave asked for is available/ not available on full pay for.....days and or half pay for
.....days; (if not available, give details.)G.O. 624
.....
.....

.....
Date Signature
.....
Designation

Date: Sick leave beyond the period laid down on G.O. 624 (a) may only be granted on the recommendation of the Medical Board.

PART 4

(To be completed by Permanent Secretary)

Sick leave approved
.....Days from.....200.....to.....200.....on full pay.
.....Days from.....200.....to.....200.....on half pay.
.....Days from.....200.....to.....200.....without pay.
:.....

Date Permanent secretary
Delete which is not applicable MoE.