

APPLICATION FOR LEAVE HSRC Internship Programme

SURNAME AND INITIALS:

HOST INSTITUTION: Staff No:

TYPE OF LEAVE TAKEN	DATE FROM: (Leave dates Inclusive)	DATE TO: (Leave dates Inclusive)	NUMBER OF DAYS TAKEN		
			Condition of pay		Total number of days taken (A + B)
			A) Nr of days <u>with full pay</u>	B) Nr of days <u>without pay</u>	
Vacation Leave					
Sick Leave					
Maternity leave			N/a		
Special Leave					

Type of special leave: Remarks:

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Address during leave: Tel. No:

Signature of applicant:(Intern) Date:

Approved by Mentor / Contact person / Other (Circle appropriate)

Name: Signature Date:

ADVICE OF APPROVED LEAVE

Entered in LEAVE REGISTER In **Internship Office**: Signature..... Date.....