

## APPLICATION FOR LEAVE DSI- 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 with full pay	B) Nr of days without pay	
Vacation Leave					
Sick Leave					
Maternity leave			N/a		
Special Leave					
Type of special leave: ..... Remarks: ..... ..... ..... .....					
Address during leave: ..... Tel. No: .....					
Signature of applicant:(Intern) ..... Date: .....					
Approved by Mentor / Contact person / Other (Circle appropriate) Name: ..... Signature ..... Date .....					
<h3 style="margin: 0;">ADVICE OF APPROVED LEAVE</h3> <p>Entered in LEAVE REGISTER In <u>Internship Office</u>: Signature ..... Date .....</p>					