Jamaica Constabulary Force

[STATION]

[COMMUNITY]

[PARISH]

[DATE]

Sub-Officer i/c

[TEAM/SECTION/UNIT]

**SUBMISSION OF [NUMBER OF DAYS IN WORDS AND NUMBER] DAYS SICK LEAVE FOR [NUMBER RANK AND NAME].**

I hereby submit [NUMBER OF DAYS IN WORDS AND NUMBER] days sick leave:

**From: 8:00 am [DATE LEAVE BEGINS].**

**To: 8:00 am [DATE LEAVE ENDS].**

I will be recuperating at [ADDRESS], and I can be contacted at [CONTACT NUMBER].

Please see copy of medical certificate attached.

Submitted for your information.

[Signature]