



Request for Overtime Approval Form

Form must be filled out by the Section Head

Section 1: Period Covered by This Request

Start (Date):	Start (Time):	End (Date):	End (Time):
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Section 2: Staff Covered by This Request

1.		2.	
3.		4.	
5.		6.	
7.		8.	
9.		10.	

Section 3 : Reason for Overtime & Expected Outputs

Section 4: Funding Availability: Manager Corporate Services Division

Output:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Section 5: Deputy Clerk/Clerk Assistant's Endorsement

Comments:		
<input type="checkbox"/> Endorsed <input type="checkbox"/> Not Endorsed	Signature:	Date

Section 5: Approval of the Clerk (or Delegate)

Comments:		
<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved	Signature:	Date



Application for Leave Form

Form must be filled out by Employee, Section Head/ Clerk Assistant and Manager – HR, Policy & Planning Division

Section 1: Employee's Details:

(To be filled out by Employee)

Name:	Designation:	Section/Division:
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Section 2: Employee's Entitlement:

(To be filled out by Employee)

Type of Leave (Tick appropriate box)	<input type="checkbox"/> Annual Leave	<input checked="" type="checkbox"/> Maternity Leave	<input type="checkbox"/> Special Leave	<input type="checkbox"/> Study Leave	<input type="checkbox"/> Long Service Leave
	<input type="checkbox"/> Sick Leave	<input type="checkbox"/> Paternity Leave	<input type="checkbox"/> Special LWOP	<input type="checkbox"/> Bereavement Leave	<input type="checkbox"/> Carer's Leave
	<input type="checkbox"/> Time Off				
To be Taken: <input type="checkbox"/> Locally <input type="checkbox"/> Overseas		Duration: Start Date: End Date:		No. of Working days to take as :	
Purpose of Leave:					
Employee's Signature:					Date:

(Please attach supporting information for requested leave to be taken (if required))

Section 3: Deputy Clerk/Clerk Assistant's Endorsement

Work Arrangement has been made and I fully support the above employee's application for leave

Comments:		
<input type="checkbox"/> Endorsed <input type="checkbox"/> Not Endorsed	Signature:	Date:

Section 4: Employee Leave Entitlement for Leave to be taken

(To be filled out by the HR Division)

Type of Leave :	Number of Leave Entitlement (in working days)		
Checked and confirmed: HR Manager (or delegate) <input type="checkbox"/>	Further Comments	Signature:	Date:

Section 5: Approval of the Clerk (or Delegate)

Comments:		
<input type="checkbox"/> Approved	Signature:	Date:
<input type="checkbox"/> Not Approved		



Application to Carry Forward/Advance Leave Form

Form must be filled out by Employee, Section Head/ Clerk Assistant and Secretary to Clerk

Section 1: Employee Details

(To be filled out by Employee)

Name:	Designation:	Division/Section:
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Section 2: Employees' Request

(To be filled out by Employee)

Tick appropriate box	How many leave to carry forward or to advance (Days)	Reason
Carry Forward Annual Leave <input type="checkbox"/>		
Advance Leave:		
▪ Sick Leave <input type="checkbox"/>		
▪ Annual Leave <input type="checkbox"/>		
Employee's Signature:	Date:	

(Please attach supporting information for requested leave to be taken (if required))

Section 3: Deputy Clerk/Clerk Assistant's Endorsement

Comments:		
<input type="checkbox"/> Endorsed <input type="checkbox"/> Not Endorsed	Signature:	Date:

Section 4: Employee's Leave Entitlement

(To be filled out by HR Division)

Number of Accumulated & Carry Forward Leave	Sick Leave	<input type="checkbox"/>	Number of Days	Number of Advanced leave in current leave year	Sick Leave	<input type="checkbox"/>	Number of Days
	Annual Leave	<input type="checkbox"/>	Number of Days		Annual Leave	<input type="checkbox"/>	Number of Days
Checked and confirmed by: Manager (or delegate) <input type="checkbox"/>	Signature:				Date:		

Section 5: Approval of the Clerk (or Delegate)

Comments:		
<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved	Signature:	Date:



Cessation of Employment Benefits Form

Form must be filled out by the Principal Accountant

Section 1: Employee Details

Name:		Section:	Division:	
Employee Number:		Designation:	Current Salary Level:	Date of Birth:
Gender	Entry Date of Service:	End Date of Service:	Total Years of Service:	

Section 2: Employment Benefit(s)

(To be filled out by Corporate Services)

Benefits (Tick Appropriate Box)	Entitlements (Refer to Policies for entitlements)	Calculation (if applicable)	No. of working days on full pay
Resignation Benefits <input type="checkbox"/> OR Retirement Benefits <input type="checkbox"/>	Untaken Long Service Leave	<input type="checkbox"/>	
	Untaken annual leave & proportionate leave	<input type="checkbox"/>	
	30% of sick leave	<input type="checkbox"/>	
	TOTAL		
Death Benefits <input type="checkbox"/>	Six (6) months' salary or wage payment	<input type="checkbox"/>	
	Untaken Long Service Leave	<input type="checkbox"/>	
	Untaken annual leave & proportionate leave	<input type="checkbox"/>	
	30% Untaken Sick Leave	<input type="checkbox"/>	
	TOTAL		
Disability Benefits <input type="checkbox"/>	Twelve (12) months' salary or wage payment	<input type="checkbox"/>	
	Untaken Long Service Leave	<input type="checkbox"/>	
	Untaken annual leave & proportionate leave	<input type="checkbox"/>	
	30% Untaken Sick Leave	<input type="checkbox"/>	
	TOTAL		

Checked and confirmed by Manager Corporate Services <input type="checkbox"/>	Further Comments	Signature	Date

Section 3 : Approval of the Clerk (or delegate)

Comments:		
<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved	Signature:	Date

