



APPLICATION FOR LEAVE OR CONCESSIONAL TRAVEL

EMPLOYEE'S NAME: Mr PORT:
 Mrs
 Miss

POSITION: Nature of Travel Requested: Leave/Concession

STAFF NO:

DEPARTMENT: Date of Commencement:.....

DETAILS OF PASSENGERS TRAVELLING			
	FULL NAME	DATE OF BIRTH	SEX
SELF			
SPOUSE			
PARENTS			
CHILDREN			CHILDREN ONLY

Details of Travel Required - (All intended stopover ports or Airline changes to be indicated)						
AIRLINE	FLIGHT No.	DATE	FROM	TO	TYPE OF TICKET	STP

ADDRESS WHILST ON LEAVE:
 PHONE:
 SIGNED: DATE:
 REQUEST APPROVED: (Departmental Manager)

ACTIONED STAFF DEPARTMENT -

TRAVEL AUTHORITY NUMBER: DATE:

SIGNED: