

**INFORMATION TO BE FURNISHED BY STATE MEMBERS WHO LEAVE THE
ISLAND ON LEAVE**

**(To be completed by the Employee before departure and forwarded to the Establishment
Division)**

Note: Purpose of getting this information is to act fast for an official requirement or in an emergency. If any information is not available please provide it at the earliest opportunity.

01. Name of Employee :
02. Designation :
03. Department :
04. Period of Leave Abroad :
05. Type of Leave Requested :
06. Identity Card No. : Date of Issue
07. Passport No : Date of Issue
08. Foreign Address

Employee Tel No.

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..... Fax No.

..... e-mail

Contact Person Tel No.

or Organization Fax No.

Address e-mail

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09. Name and Address of Local contact person with relationship in case of an emergency

..... Tel No.

..... Fax No.

..... e-mail.

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Date: Signature of Applicant