APPLICATION FOR PAYOUT OF ACCRUED LEAVE

I, _____ (_____) hereby
Name and Surname ***MHR no.***

request that the following leave accrual amount of **R**_____be paid out to me as indicated on the attached pay slip.

Signed at _____ on this _____ day of _____ 20___

_____
Signature: Panel Member

_____
Name & Surname: Authorised Senior MHR Representative

_____
Signature: Authorised Senior MHR Representative

FOR OFFICE USE ONLY

Captured by (Name and Surname):_____

Signature: _____ **Date**:_____