

## DEPARTMENT OF PUBLIC WORKS

Enquiry	: :		
		NSIBILITY LEAVE: OD:	
1. The a	above bears reference.		
i) De ii) Me	lare the attached: eath certificate edical certificate rth certificate		
3. State	relationship and reason for	taking leave (declaration):	
			•
4. Comi	ments by Head of Directora	te or delegate:	
			-
	re of applicant	Date	
 Signatu	ıre of supervisor	 Date	