

COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS
OFFICE OF THE GOVERNOR
 OFFICE OF PERSONNEL MANAGEMENT

APPLICATION FOR LEAVE

OPM - 11

NAME (Print or type - Last, First, Middle Initial)		SOCIAL SECURITY NUMBER	EMPLOYEE NUMBER
DEPARTMENT / ACTIVITY		FROM (Mo., Day, Hour)	NUMBER OF HOURS
TYPE OF LEAVE	<input type="checkbox"/> ANNUAL <input type="checkbox"/> ADVANCE <input type="checkbox"/> SICK-Complete other side of this form <input type="checkbox"/> SICK LEAVE BANK <input type="checkbox"/> WITHOUT PAY <input type="checkbox"/> OTHER (Specify)	TO (Mo., Day, Hour)	
	REMARKS	SIGNATURE OF EMPLOYEE	
INSTRUCTIONS: Complete the above part of this form. If applying for sick leave, check appropriate box on back (top) of form. If you were under care of a doctor, you should complete "CERTIFICATION OF PHYSICIAN OR PRACTITIONER" also on back.			
<input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED (If disapproved, given reason)			SIGNATURE AND DATE

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