



GOVERNMENT OF ANTIGUA & BARBUDA
MINISTRY OF LABOUR, PUBLIC ADMINISTRATION & EMPOWERMENT
APPLICATION FOR VOLUNTARY SEPARATION/EARLY RETIREMENT
PRINT IN BLOCK CAPITALS

I SUBMIT THE FOLLOWING INFORMATION IN SUPPORT OF MY APPLICATION FOR VOLUNTARY SEPARATION/EARLY RETIREMENT. I AFFIRM THIS INFORMATION TO BE TRUE AND CORRECT.

PART A: PERSONAL INFORMATION.

01. FULL NAME: SURNAME _____ OTHER NAMES _____

02. SS#: _____ **03. MB#:** _____ **04. D.O.B.:** DD ____ MO ____ YY ____ **05. AGE NEXT BIRTHDAY:** _____

PART B: CURRENT EMPLOYMENT INFORMATION. (COMPLETE WHERE APPLICABLE)

06. MINISTRY: _____

07. DEPARTMENT: _____ **08. POST/POSITION/JOB TITLE:** _____

09. SUBSTANTIVE GRADE: _____ **APPOINTMENT DATE:** DD ____ MM ____ YY ____

10. ACTING GRADE: _____ **APPOINTMENT DATE:** DD ____ MM ____ YY ____

11. BASE SALARY: WEEKLY _____ MONTHLY _____ (ENTER ONE OPTION ONLY)

12. ALLOWANCES: ACTING _____ DUTY _____ TRAVEL _____

13. OTHER ALLOWANCES (SPECIFY) A _____ **B** _____

C _____ **D** _____

PART C: GOVERNMENT EMPLOYMENT HISTORY. {SPECIFY: ESTABLISHED [] / NON-ESTABLISHED [] (CHECK ONE)}

14. LIST GOVERNMENT EMPLOYMENTS FROM FIRST TO MOST RECENT. GIVE STARTING AND ENDING DATES FOR EACH PERIOD OF EMPLOYMENT. SPACE FOR CERTIFICATIONS IS PROVIDED ON PAGE 2. THIS SECTION MAY BE CONTINUED ON ANOTHER FORM IF NECESSARY.

A. MINISTRY _____ DEPT. _____

START DATE: DD ____ MM ____ YY ____ END DATE: DD ____ MM ____ YY ____ SUPERVISOR: _____

B. MINISTRY _____ DEPT. _____

START DATE: DD ____ MM ____ YY ____ END DATE: DD ____ MM ____ YY ____ SUPERVISOR: _____

C. MINISTRY _____ DEPT. _____

START DATE: DD ____ MM ____ YY ____ END DATE: DD ____ MM ____ YY ____ SUPERVISOR: _____

D. MINISTRY _____ DEPT. _____

START DATE: DD ____ MM ____ YY ____ END DATE: DD ____ MM ____ YY ____ SUPERVISOR: _____

15. INDICATE PERIODS OF LEAVE WITHOUT PAY. SPACE FOR CERTIFICATIONS IS PROVIDED ON PAGE 2. THIS SECTION MAY BE CONTINUED ON ANOTHER FORM IF NECESSARY.

A. LEAVE W/O PAY STARTED: DD ____ MM ____ YY ____ RESUMED DUTY ON: DD ____ MM ____ YY ____

B. LEAVE W/O PAY STARTED: DD ____ MM ____ YY ____ RESUMED DUTY ON: DD ____ MM ____ YY ____

C. LEAVE W/O PAY STARTED: DD ____ MM ____ YY ____ RESUMED DUTY ON: DD ____ MM ____ YY ____

16. INDICATE THE NUMBER OF VACATION DAYS THAT WILL HAVE ACCRUED TO YOU BY FEBRUARY 15 2006. DEDUCT ANY VACATION DAYS YOU ARE SCHEDULED TO TAKE BEFORE THAT DATE. THIS SECTION MUST BE CERTIFIED BY THE APPROPRIATE AUTHORIZING OFFICER IN YOUR MINISTRY.

I HEREBY CERTIFY THAT THE EMPLOYEE NAMED IN THIS APPLICATION SHALL HAVE ACCRUED _____ EARNED VACATION DAYS BY FEBRUARY 15 2006, LESS _____ DAYS THAT THE EMPLOYEE IS SCHEDULED TO TAKE BEFORE THAT DATE, LEAVING A RESIDUE OF _____ DAYS TO BE ACCOUNTED FOR.

SIGNATURE: _____ **TITLE:** _____

PRINT NAME: _____ **MINISTRY:** _____

AFFIX THE APPROPRIATE DEPARTMENTAL/MINISTRY STAMP

17. THIS SECTION IS FOR CERTIFICATION OF PERIODS OF GOVERNMENT EMPLOYMENT INDICATED IN SECTION 14 ABOVE. EACH PERIOD MUST BE CERTIFIED INDIVIDUALLY BY THE APPROPRIATE RESPONSIBLE OFFICER IN THE MINISTRY UNDER REFERENCE. IN EVERY CASE THE APPROPRIATE DEPARTMENT/MINISTRY STAMP MUST BE APPLIED.

A. I HEREBY CERTIFY THAT THE PARTICULARS PROVIDED IN SECTION 14(A) ABOVE ARE TRUE AND CORRECT.

SIGNATURE: _____ TITLE: _____

PRINT NAME: _____ MINISTRY: _____

B. I HEREBY CERTIFY THAT THE PARTICULARS PROVIDED IN SECTION 14(B) ABOVE ARE TRUE AND CORRECT.

SIGNATURE: _____ TITLE: _____

PRINT NAME: _____ MINISTRY: _____

C. I HEREBY CERTIFY THAT THE PARTICULARS PROVIDED IN SECTION 14(C) ABOVE ARE TRUE AND CORRECT.

SIGNATURE: _____ TITLE: _____

PRINT NAME: _____ MINISTRY: _____

D. I HEREBY CERTIFY THAT THE PARTICULARS PROVIDED IN SECTION 14(D) ABOVE ARE TRUE AND CORRECT.

SIGNATURE: _____ TITLE: _____

PRINT NAME: _____ MINISTRY: _____

18. THIS SECTION IS FOR CERTIFICATION OF PERIODS OF LEAVE WITHOUT PAY AS INDICATED IN SECTION 15 ABOVE. THE SAME INSTRUCTIONS APPLY AS AT SECTION 17 ABOVE.

A. I HEREBY CERTIFY THAT THE PARTICULARS PROVIDED IN SECTION 15(A) ABOVE ARE TRUE AND CORRECT.

SIGNATURE: _____ TITLE: _____

PRINT NAME: _____ MINISTRY: _____

B. I HEREBY CERTIFY THAT THE PARTICULARS PROVIDED IN SECTION 15(B) ABOVE ARE TRUE AND CORRECT.

SIGNATURE: _____ TITLE: _____

PRINT NAME: _____ MINISTRY: _____

C. I HEREBY CERTIFY THAT THE PARTICULARS PROVIDED IN SECTION 15(C) ABOVE ARE TRUE AND CORRECT.

SIGNATURE: _____ TITLE: _____

PRINT NAME: _____ MINISTRY: _____

I HEREBY SUBMIT MY APPLICATION FOR VOLUNTARY SEPARATION/EARLY RETIREMENT AND AFFIRM THAT ALL PARTICULARS PROVIDED ARE TRUE AND CORRECT. MY ANNUAL BASE SALARY IS: _____.

SIGNATURE: _____ DATE: _____

PRINT NAME: _____

THIS APPLICATION, HAVING BEEN SEEN BY THE APPLICANT'S HEAD OF DEPARTMENT AND BY MYSELF, IS NOW SUBMITTED FOR DUE CONSIDERATION BY THE APPROPRIATE AUTHORITIES. (APPROPRIATE STAMP AFFIXED)

SIGNATURE: _____ DATE: _____

PERMANENT SECRETARY, MINISTRY OF: _____

DATE RCVD: _____ SERIAL #: _____ PROV CALCS DONE BY: _____ DATE: _____

SEV: _____ VAC: _____ F/PEN: _____ R/PEN: _____ GRAT: _____ S/F: _____

CERTIFIED BY: _____ (PRINT NAME): _____ DATE: _____

ADDITIONAL CERTIFICATIONS (AFFIX APPROPRIATE STAMP)

LABOUR DEPT.

ESTABLISHMENT DIV.

AUDIT DEPT.

FINANCE MIN.

BY: _____

DATE: _____

FINAL CERTIFICATIONS