

**DEPARTMENT OF HEALTH AND DEPARTMENT OF SOCIAL CARE
LONG SERVICE AWARD SCHEME**

Application for an award of additional leave / additional pay

1. Your full name			
2. Date of birth	/	/	
3. Division/Section			
4. Work address			
5. Date of commencement of your current term of employment	/	/	
6. Have you had any previous terms of employment with the Isle of Man Government before the date at question 5?	No <input type="checkbox"/>	go to question 7	
	Yes <input type="checkbox"/>	give details overleaf	
7. Current number of contracted hours per week			
8. How do you want to receive your award?	<input type="checkbox"/>	extra leave - no. days =	<input type="text"/>
	<input type="checkbox"/>	extra pay - no. days =	<input type="text"/>
9. Do you wish to attend an annual awards ceremony and be presented with your certificate by the Minister?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
10 Your signature			Date / /
11. Checked & approved by line manager			Date / /
12. For completion by the relevant Head of Division / General Manager:			
<input type="checkbox"/>	days leave	Authorised by :	
<input type="checkbox"/>	days pay	Date :	/ /

Note:- For an award of additional pay, the line manager must pass this form to the relevant Finance Section

In all cases, the line manager must send a copy of this form to the Programme Administrator, Department of Health, Education and Training Centre, Strang, IM4 4RH.

13. For completion and retention by Finance

Added to salary for Initials : Date

Other periods of employment with the IOM Government

14. First Period	
14a Name of Dept., Board etc.	
14b Where employed	
14c Period of employment	from / / to /

15. Second Period	
15a Name of Dept., Board etc.	
15b Where employed	
15c Period of employment	from / / to /

16. Third Period	
16a Name of Dept., Board etc.	
16b Where employed	
16c Period of employment	from / / to /

17. Fourth Period	
17a Name of Dept., Board etc.	
17b Where employed	
17c Period of employment	from / / to /

18. Fifth Period	
18a Name of Dept., Board etc.	
18b Where employed	
18c Period of employment	from / / to /

19. Sixth Period	
19a Name of Dept., Board etc.	
19b Where employed	
19c Period of employment	from / / to /