



Ministry of Human Resources, Culture, Tourism & Development

## BUREAU OF HUMAN RESOURCES

Executive Building, National Capitol, Ngerulmud

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Date: \_\_\_\_\_

Employee Name: \_\_\_\_\_ Employee ID: \_\_\_\_\_

Position: \_\_\_\_\_ Department: \_\_\_\_\_  
MINISTRY

Date From: \_\_\_\_\_ To: \_\_\_\_\_ Number of Hours Granted \_\_\_\_\_

### Acknowledgment of Advance Leave Terms

I, \_\_\_\_\_, hereby acknowledge and agree to the following terms regarding the advance leave that has been granted to me by \_\_\_\_\_ :  
BUREAU/DIVISION/UNIT

- I understand that the amount of advance leave granted and taken will be deducted from my future earnings should I resign or be terminated from my employment before working sufficient days to cover the amount of leave taken.
- In the event that my final earnings are not sufficient to cover the amount of advance leave taken upon my resignation or termination, I acknowledge that I will be required to repay the outstanding balance directly to ROP National Treasury.
- Should I fail to make payment as required, I understand that ROP Government may take legal action, including but not limited to bringing the matter to small claims court to recover the outstanding balance.

I agree that this acknowledgment and the terms herein are accepted voluntarily and with full understanding of the obligations imposed on me.

Employee Signature : \_\_\_\_\_ Date : \_\_\_\_\_

### Department Witness:

Name : \_\_\_\_\_ Position : \_\_\_\_\_

Signature: \_\_\_\_\_ Date : \_\_\_\_\_

*By signing this document, both parties agree to the terms regarding the advance leave granted and acknowledge the potential financial obligations that may arise in the event of resignation or termination.*