

AFTER LEAVE REPORTING FORM

Names.....
Unit/Department.....Position.....
Signature.....

1. Date leave started.....
2. Date leave ended.....
3. Number of Days.....
4. Date reported back on duty
5. Reason for delay on leave (if any), please supply evidence.

Line manager's Comments

Signature of line manager.....

Approval by Human resource officer

Signature

Date.....

Note*: Two copies of this form should be filled so that one is kept in personal file after official approval by Human resource officer.