

LEAVE APPLICATION FORM

I. To be filled by the applicant:

Names:
 Service /Department.....
 Leave date.....to.....No of days.....
 Name of replacement staff.....
 Position.....
 Signature..... Date.....

Type of leave (tick appropriate space)

<input type="checkbox"/>	Annual paid leave
<input type="checkbox"/>	Circumstance leave
<input type="checkbox"/>	Maternity leave

Valid for the year:
 Address while on leave.....
 Date.....
 Signature.....

II. Official approval:

Human Resource Officer

Balance of leave to date.....leave days requested.....balance after the above leave....

Signature..... Date.....

Head of DPT

Dean of the School

Director of Admin. And HR

Names: Names..... Names:

Signature..... Signature..... Signature.....

Date..... Date..... Date.....

Note: copy of this form is to be returned to personnel office after official approval*