

ONE DAY AUTHORIZED LEAVE OF ABSENCE APPLICATION FORM

I. To be filled by the applicant:

Names:

Service/Unit/Department

Leave date:/...../.....

Coming back on:/...../.....

Replacement Staff

Position

Purpose.....

Address while on leave

Application's signature.....Application date/...../.....

II. Official approval by the immediate supervisor:

Names :..... Post:

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

III. Official approval by the Director of Administration and HR:

Names :.....

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

NB: 1. The authorised leave of absence refers to the article 29 of law No 86/2013 of 11/09/2013 on general statutes of Rwanda Puplic service.

2. Copy of this form is to be returned to personnel office after official approval.