



FORM/HR/009-6

HUMAN RESOURCE
LEAVE APPLICATION FORM

Instructions

To be completed in triplicate and sent to the Deputy Vice Chancellor -AFP
For annual leave at least 14 days before leave commences)

PART I: (To be completed by applicant)

Full Name: Designation: PF.No.
School/Department/Section:
Number of days applied for From To
Nature of Leave
Leave Address (mandatory) Tel. No.
Signature Date

Please indicate the person to perform your duties while you are away.

PART II: (To be completed by Supervisor)

I do/do not recommend days leave (if not recommended give reasons)
Signature Date

PART III: (To be filled by officer in charge of personnel records)

- (a) Annual Leave entitlement days
(b) Accumulated leave (with permission) days
(c) Leave taken during the year days
(d) Total number of days requested days
(e) Balance days
(f) Applicant to resume duty days
(g) Payable leave traveling allowance Shs. days
(h) Remarks days
(i) Information checked and certified correct/incorrect (if incorrect specify the error)

Name Signature Date

(Officer-in-charge of Records)

PART IV: Records officer: Bring up on for resumption of duty
Signature Date

PART V:

Leave approved/not approved Date