



LEAVE APPLICATION FORM

A. DETAILS OF EMPLOYEE

Name																										
Unit											Designation															
Department											Date applying															
Division											Employee No.															
Contact No. During Leave											Balance of Leave															

B. DESCRIPTION OF LEAVE

(Please cross (X) at appropriate box)

Annual
 M.C
 Replacement
 ATS
 Others: _____

(* Please attach MC slip/ attach training details) ATS = Approved Training and Seminar)

Reason for applying: _____

Date From: _____ Date To: _____

Total Days Applied _____
(Excluding off days and rest days)

Signature of Applicant

C. DETAILS OF REPLACEMENT EMPLOYEE (Mandatory)

Name											Unit					
Designation											Department					
Contact No.											Division					
Remarks																

**As replacement staff, you are responsible for all matters and task during the leave period. Please discuss all tasks beforehand.*

Signature of Replacement Employee

D. APPROVALS

(Please circle decision)

Head of Unit/Department/Dean		Deputy Rector/Registrar/ Bursary/Legal Advisor Chief/Librarian		Rector	
Approved	Reject	Approved	Reject	Approved	Reject
Name: Date:		Name: Date:		Name: Date:	

E. FOR HR USE ONLY

Received by:																										Closing Leave Balance			
Date:																													
																										Last Updated:			