LEAVE APPLICATION FORM

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name of Staff** |  | | | |
| **Name of Supervisor** |  | | | |
|  | | | | |
| **Type of leave** |  | | | |
| **Effective dates** | From: To: | | | |
| **Number of days** |  | | | |
| *Note: Leave other than casual and earned must be supported by documents* | | | | |
| **Reasons for leave** |  | | | |
|  | | | | |
| **Date of application** | |  | | |
| **Application’s signature** | |  | | |
| **During the application’s leave of absence, responsibilities will be looked after by** | | | **Name of staff:** | |
| **Signature:** | |
|  | | | | |
| **Status of leave application** | | | **Approved** | |
| **Leave approved by** | | |  | Signature |
| Date: |
|  | | | | |
| **Records Section (HRD/ADM)** | | | | |
| Certified that the staff has ……….. day (s) …………………….. Leave balance as on | | | | |
| **Records section authority** | | | Signature | |