

ANNUAL LEAVE FORM

To Be Completed in Triplicate (one for applicant, Central Registry personnel file and the other for departmental file). Attach Leave roaster.

SECTION ONE (To be filled by applicant)

Name.....Designation
Department
Leave applied fordays. From:.....To:.....
Leave Address:.....
Telephone No:.....E-mail
Signature: Date

SECTION TWO (To be filled by the Head of Department)

Balance outstanding at last leave:.....days
Leave due from: To:
Leave odd days/leave taken off:.....days
This application is in accordance with leave roster, computation checked and leave recorded. I recommend that leave be granted.

Signature: Date:

SECTION THREE (To be completed by the Director Human Resource)

Application for leave from.....to is approved/ not approved (reasons for not approving must be given)
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Signature:..... Date:.....