

**PATERNITY LEAVE APPLICATION FORM**

*To be completed in Triplicate (one for applicant, Central Registry personnel file and the other for Departmental file). Attach spouse's discharge form from a health facility).*

**SECTION ONE (To be filled by applicant)**

Name of applicant: .....

Position held: .....

Department/Unit: .....

Names of Spouse who delivered: .....

Date of delivery: .....

Date of return from last Paternity leave: .....

Present Paternity leave entitlement: .....

Paternity leave currently required: .....days. From: ..... To: .....

Address while on Leave: .....

Telephone contact: .....

Signature of applicant: ..... Date .....

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

Leave due from: ..... To: .....

Leave odd days/leave taken off: .....days

I certify that the applicant is entitled to Paternity leave applied for and recommend that the leave be granted.

Signature: ..... Date: .....

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

Leave approved/ not approved as recommended above. If the leave is not approved, please give reasons:

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The leave is taken up to: .....

Signature: ..... Date: .....