



ACTING APPOINTMENT FORM

*This form should be completed and submitted to the office of the Vice Chancellor at least 14 days before the actual date of commencement of absence.*

1. Name:.....Designation:.....PF/No.....

School/Department/Section:.....

2. I wish to apply for permission to be away from the University from  
.....to.....for the following purpose  
(attach evidence where applicable)

.....  
.....  
.....

3. While I am away, I recommend (Title and Name)  
.....to be appointed on acting capacity to perform  
my administrative assignments.

Applicant's:.....Signature:.....Date:.....

4. Recommendation by the applicant's supervisor:  
I recommend/do not recommend the proposed appointment.

Supervisor's Comments:

.....  
.....  
.....

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

5. Recommendation by the Deputy Vice-Chancellor (ASA), *if applicable*:

I recommend/do not recommend the proposed appointment.

The Deputy Vice Chancellor – ASA’s Comments:

.....  
.....  
.....

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

6. Recommendation by the Deputy Vice-Chancellor (AFP):

I recommend/do not recommend the proposed appointment.

The Deputy Vice Chancellor – AFP’s Comments:

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.....

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

7. Approval by the Vice-Chancellor:

I approve /do not approve the proposed appointment of (Title and Name).....from.....to.....

The Vice Chancellor’s Comments:

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.....  
.....

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