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| **FORM/HR/009-7**  |



**HUMAN RESOURCE**

**APPLICATION FOR OUT OF COUNTRY LEAVE FROM THE UNIVERSITY**

*This application form should be completed and submitted to the office of the ViceChancellor at least 14 days before the actual date of travel for out of the country travel.*

Name:…………………………………………Designation:…………………………………..

PF/No. ………………….. School / Department:……………………………………………..

 1.I wish to apply for permission to be away from the University from

……………………………….to………………………………… For the following purpose

*(attach evidence)*

………………………………………………………………………………………………………

………………………………………………………………………………………………………

……………………………………………………………………………………………………….

2. Source and extent of finance for this trip *(Please attach evidence)*

………………………………………………………………………………………………………

……………………………………………………………………………………………

Mode of travel ………………………………………………………………………………

Insurance cover by …………………………………………………………………………… 3. While I am away, my duties shall be performed by.................................................................................................................................................

1. Over the last 2 years I have travelled out of the country on the following occasions:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|   | Date  | Purpose  | Place  | Duration  |
| 1.  |   |   |   |   |
| 2.  |   |   |   |   |
| 3.  |   |   |   |   |
| 4.  |   |   |   |   |
| 5.  |   |   |   |   |
| 6.  |   |   |   |   |

Applicant’s Signature ………………………….....Date: …………………………………

1. Comments by the Surpervisor of on relevance of the journey, its positive as well as negative impact on the University and the individual.

………………………………………………………………………………………………………

………………………………………………………………………………………………………

I recommend/not recommend leave of absence

Signature …………………………………………. Date …………………………………………

1. Comments by Dean of School: I recommend/ do not recommend leave of absence. Reasons for not recommending:

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Signature ……………………………………. Date ……………………………………………….

1. Comments by Deputy Vice-Chancellor (ASA): I recommend/ do not recommend leave of absence. Reasons for not recommending:

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

1. Comments by Deputy Vice-Chancellor (AFP): I recommend/ do not recommend leave of absence. Reasons for not recommending:

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Signature ……………………………………. Date ………………………………………………..

1. Approval by the Vice-Chancellor: I hereby approve/ do not approve the absence from the

University of the named member of staff from ………………………… to. ……………………..

………………………………………………………………………………………………………

………………………………………………………………………………………………………

Signature: ………………………………………………… date: …………………………

**Copy to: Vice-Chancellor**

 **Deputy Vice-Chancellor -AFP**

 **Deputy Vice-Chancellor -ASA**

 **Head of Department**

***Rongo University is ISO 9001:2015 Certified*** 